BUDGET 2003

BRITISH COLUMBIA

Ministry of
Health Services

SERVICE PLAN

2003/04 – 2005/06

BRITISH COLUMBIA

LEGISLATIVE LIBRARY
VICTORIA
MAY 1 4 2003

103-05150/

Ministry of
Health Services

SERVICE PLAN

2003/04 – 2005/06

BRITISH
COLUMBIA

National Library of Canada Cataloguing in Publication Data
British Columbia. Ministry of Health Services.
Service plan. —2002/03/2004/05 —

Annual.
ISSN 1705-0138 = Service plan — British Columbia. Ministry of Health Services
Continues in part: Performance plan — Ministry of Health and Ministry Responsible for Seniors.
Available also on the Internet.

1. British Columbia. Ministry of Health Services — Periodicals. 2. Health services administration — British Columbia — Periodicals. 3. Medical policy — British Columbia — Periodicals. 4. Health planning — British Columbia — Periodicals. I. Title. II. Title: Ministry of Health Services service plan.

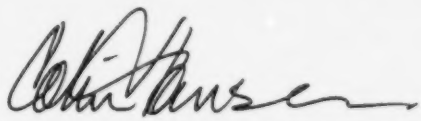
RA395.C3B745 353.6'09711'05 C2002-960237-8

For more information on the British Columbia Ministry of Health Services, visit our Web site at
www.gov.bc.ca/healthservices/

Published by the Ministry of Health Services

Accountability Statement — Minister of Health Services

The 2003/04 - 2005/06 Ministry of Health Services Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. The plan was developed in the context of the government's *New Era* commitments, which are to be addressed by May 17, 2005. All material fiscal assumptions and policy decisions as of March 31, 2003 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.

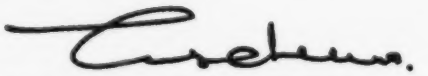


Honourable Colin Hansen
Minister of Health Services
April 25, 2003

Accountability Statement — Minister of State for Mental Health

I am the Minister of State for Mental Health and under the *Balanced Budget and Ministerial Accountability Act*, I am accountable for achieving the following results for 2003/04:

- Increasing the proportion of mental health patients (aged 15 to 64) who receive community or physician follow-up within 30 days of being discharged from hospital.
- Increasing the proportion of mental health services (community, physician and acute care) received by mental health clients (aged 15 to 64) that are obtained in their own health authority.



Honourable Gulzar Cheema
Minister of State for Mental Health
April 25, 2003

Accountability Statement — Minister of State for Intermediate, Long Term and Home Care

I am the Minister of State for Intermediate, Long Term and Home Care and under the *Balanced Budget and Ministerial Accountability Act*, I am accountable for achieving the following results for 2003/04:

- Increasing by two per cent the percentage of home and community care clients with high care needs living in their own home rather than in a facility.
- Decreasing by five per cent the percentage of days spent by patients in hospitals after the need for hospital care has ended.

Katherine Whittred

Honourable Katherine Whittred
Minister of State for Intermediate,
Long Term and Home Care
April 25, 2003

BRITISH COLUMBIA

Ministry of Health Services

I am pleased to present the three-year service plan of the Ministry of Health Services. This plan presents the objectives, strategies and performance measures for the ministry and B.C.'s health care system.

The 2003/04 Service Plan builds on the strategic shifts for our health services system first launched in 2002/03 and continues to reflect our first priority — patient care. It includes information on the ministry's strategic focus and core business areas, organized to focus on management and stewardship by the ministry and on service delivery by partners, particularly the health authorities. In addition, this plan includes the responsibilities of the Minister of State for Mental Health and the Minister of State for Intermediate, Long Term and Home Care.

This year's plan refines performance measures first introduced last year to strengthen reporting and accountability on health services provided to British Columbians. New outcome-based targets, and strategies to meet them, have been introduced to improve patient care. The plan also moves the responsibility for reporting on some measures to appropriate areas of the ministry or government, such as the Office of the Provincial Health Officer or the British Columbia Vital Statistics Agency. Information on available reports and performance measures are listed in the appendices.

In this service plan we have focused on a number of objectives and strategies including:

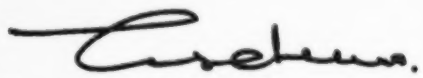
- Supporting the appropriate use of hospitals and health services.
- Helping British Columbians to maintain and improve their health.
- Improving primary care and chronic disease management.
- Creating a broader range of care options to give seniors greater independence, choice and quality of life while meeting their health care needs.

Across Canada and in British Columbia, our health care system faces increasing demands for services. This service plan will guide the management of the ministry and health care in B.C. as we work towards improving patient care and building a more modern and sustainable health care system for the future.

Honourable Colin Hansen
Minister of Health Services

Message from the Minister of State for Mental Health

The Province of British Columbia envisions an evidence-based, health promotion, prevention and recovery-oriented mental health system of care that supports resiliency, self-care and access to necessary mental health care as easily as physical health care. Our goal is to ensure mental health care is given equal status within the health care system and that health authorities and other providers provide efficient, effective and equitable allocation of mental health resources and services across geographic areas. These changes to the system of care will help create an evidence-based system, consistent with the intent to improve the mental health of British Columbians.



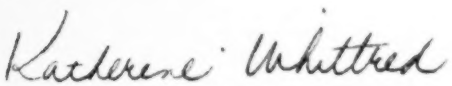
Honourable Gulzar Cheema
Minister of State for Mental Health

Message from the Minister of State for Intermediate, Long Term and Home Care

BC seniors are living longer and leading more active lives, and they are looking to government for a broader range of care options to meet their diverse needs. To ensure better health care and a better quality of life, the provincial government is modernizing and providing more care options for seniors and people with disabilities.

Last year, the government began a three-year B.C. Home and Community Care Strategy to shift from more costly and inflexible institutional care to a range of appropriate services, delivered in individuals' homes and communities. This year's plan continues to develop and refine these goals.

Providing better care for our aging population also means making better use of our hospitals and other health services. The steps we're taking over the next few years are geared to ensure British Columbians get the care they need now and our health system will be sustainable well into the future.



Honourable Katherine Whittred
Minister of State for Intermediate,
Long Term and Home Care

TABLE OF CONTENTS

Introduction 3

Highlights and Changes from Previous Plan 4

Strategic Context 7

Ministry Goals 19

Core Businesses 20

Objectives, Strategies, Performance Measures and Targets 22

Consistency with Government Strategic Plan 38

Resource Summary 42

Summary of Related Planning Processes 44

Appendix A: Comparison of Strategies in 2002/03 – 2004/05 and 2003/04 – 2005/06 Service Plans 52

Appendix B: Comparison of Performance Measures in 2002/03 – 2004/05 and 2003/04 – 2005/06 Service Plans 59

Appendix C: Link between Health System Goals and Core Business Objectives 65

Introduction

Since June 2001 the government has been introducing ambitious and wide ranging health system reforms. The innovations and improvements associated with these reforms reflect the government's desire to create a publicly-funded health services system that:

- is patient-centred;
- provides accessible, high quality services;
- results in improved health and wellness; and
- is sustainable and affordable over the long term.

This service plan for the Ministry of Health Services (MOHS), and its companion document the service plan for the Ministry of Health Planning (MOHP), continues with reform efforts started in 2001. It sets out the priority strategies for the healthcare system for the next three years and articulates the respective responsibilities of the Ministries of Health and their health system partners in achieving these priorities. These strategies support the attainment of the government's goals and strategic objectives as well as fulfill our obligations under the First Ministers' Accord on Health Renewal.

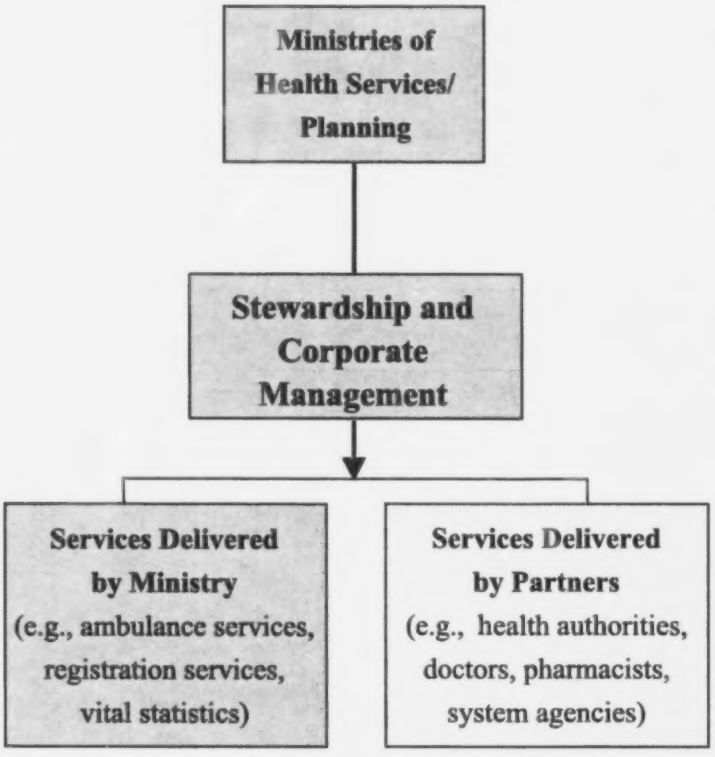
To reflect the corresponding roles of the two ministries, elements of this plan — the vision, mission, values, ministry goals, planning context and core businesses — are also included in the service plan for the Ministry of Health Planning. Each plan also shares common goals and objectives. However, most strategies and performance measures are different, reflecting the separate roles each ministry has in meeting common goals. The reader is therefore reminded to review the two ministries' plans in unison.

Highlights and Changes from Previous Plan

The 2003/04 to 2005/06 service plans clarify the ministries' and their system partners' respective roles and responsibilities in creating a responsive and well-managed patient-centred health system. Specifically, the plan distinguishes between the role of our service partners — health authorities, doctors and others — who deliver the majority of health services to the public, and the role of the ministries, which mainly provide stewardship and corporate management in support of these health services.

This distinction is reflected in the organization of this year's service plans around three refined core businesses: Services Delivered by Partners, Services Delivered by Ministry, and Stewardship and Corporate Management. "Services Delivered by Partners" is included as a ministry core business because the ministry retains ultimate responsibility for the health care system.

Core Businesses for the Ministries of Health


Ministries of Health Services/ Planning
Stewardship and Corporate Management
Services Delivered by Ministry (e.g., ambulance services, registration services, vital statistics)
Services Delivered by Partners (e.g., health authorities, doctors, pharmacists, system agencies)

The ministries' primary function is stewardship over the health care system. We provide direction and support to our partners, and monitor and evaluate the impact of services delivered to the public. To be good stewards, we must also provide good corporate management to ensure that our own administration is run as efficiently and effectively as possible. The two ministries also have a role in providing services directly to the public, such as the BC Ambulance Service, BC Vital Statistics, and Medical Services Plan registration.

Combined, the two health ministry service plans outline 46 strategies for the next three years. The ministries have identified 15 of these strategies as priorities, calling them 'Priority Strategies', to signal their importance in guiding services delivered directly to the public. Thirteen of these relate to services delivered by partners and two to services delivered by the Ministry of Health Services. These are detailed in the Ministry of Health Services service plan but are also referenced in the introduction section of the Ministry of Health Planning service plan.

The 15 priority strategies are:

1. Prevent hospital admissions through primary care and community options
2. Provide post-acute (hospital) alternatives
3. Manage acute care needs in hospital
4. Provide alternatives to institutional care
5. Build integrated care networks
6. Improve care for people with extensive care needs
7. Improve care for people with chronic conditions
8. Improve care for the dying
9. Improve the health status of Aboriginal peoples
10. Enhance self-care and self-management
11. Prevent disease and injury
12. Enhance service quality for rural and smaller communities
13. Manage within budget allocation
14. Improve integration of the provincial ambulance service within the overall health system
15. Improve registration services to the public.

These 15 priority strategies support five key objectives for the health care system over the next three years.

- Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care in favor of more home/community care.

- Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.
- Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.
- Manage within the available budget while meeting the priority needs of the population.
- Provide clients with equitable and timely access to services directly delivered by the ministry.

These key objectives and priority strategies for the health system have been closely aligned with budget spending priorities for the next three years and are reflected in the performance agreements between the ministry and the health authorities.

The health ministries service plans also identify 28 strategies specific to the ministries' respective stewardship and corporate management roles. These are designed to support health partners in achieving the 15 priority strategies. Finally, there are an additional 3 strategies, specific to the Vital Statistics Agency, listed under services delivered by the Ministry of Health Planning.

To ensure results are monitored and evaluated, the plan also outlines a series of key performance measures that are tied to the strategies. Some have been carried forward from last year. Others were revised to eliminate duplication with measures reported more appropriately under other health annual reports such as those for the Provincial Health Officer and Vital Statistics Agency.

As a result of these significant changes, this service plan now better reflects key health system priorities for 2003/04 to 2005/06, which are underlined in ministry budgets and health authority performance agreements.

Strategic Context

Since 2001, major strategic shifts in health services have been undertaken to meet the government's *New Era* goals to provide high quality, patient-centred care, improve the health and wellness of British Columbians and create an affordable, sustainable health services system. The health services system in BC was designed to meet an earlier era marked by services delivered by hospitals and doctors to meet sudden acute care needs. Over the years, however, an aging population and increase in chronic diseases have put new demands on our system. We are now focused on creating a flexible, adaptable health care system that does not remain static in time but has the capacity to meet the emerging needs of our population as it grows and changes.

Environmental Scan

Numerous challenges continue to face the creation of a patient-centred, coordinated and well-managed system that best meets the evolving and diverse health services needs of British Columbians.

Fiscal Challenges

- Normal annual growth in provincial health care costs continues to put pressure on available health budgets, even after receipt of new federal multi-year funding.
- This increase in demand is fuelled by higher service expectations, inflation, population increases and an aging demographic.
- Uncertainty associated with performance of the provincial economy, public demand and provider supply will add to the challenges of effective planning.

Vision, Mission and Values

Vision: a health system that ensures high quality public health care services that meet patients' needs where they live and when they need them.

Mission: to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

The top priorities are saving and renewing public health care and providing high quality public health care services that meet patients' most essential needs.

Values: a set of beliefs, consistent with the principles of the *Canada Health Act*, define our organizational behaviour:

- **Patient and Consumer Focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to required health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing lowest cost consistent with quality services.
- **Appropriateness**, providing the right service at the right time in the right place.
- **Safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

Demographic Trends

- B.C. is expected to have a net increase in provincial population of 39,000 persons in 2003, 45,000 in 2004 and 49,000 in 2005.
- The median age of provincial residents will continue to increase, reflecting an aging population. BC's median age is forecast to be 39.7 years in 2005. This is up from 35.5 years in 1995.
- The proportion of BC residents over the age of 65 will continue to increase annually. The forecast for 2005 indicates that 13.8% of BC residents will be over the age of 65. This is up from 13.0% in 2000 and 12.6% in 1995.
- The number of BC residents under the age of 19 will decline as a proportion of the total population.
- The health services system workforce is aging.

Key Cost Drivers

- Wage and benefit pressures across the health sector.
- Rapidly rising pharmaceutical costs.
- Scope of services in which each new technique, test, or emerging disease adds new costs.
- Increasing pressure from both public and providers for government to fund new technologies, pharmaceuticals and clinical interventions regardless of established effectiveness or value for money.
- Necessary investments in updated or expanded health care facilities and equipment.
- Changing demographics of a population that is increasing and aging.

Challenges and Risks

- Health care planning is complicated by shifts in patterns of disease, changing health human resource demographics, clinical practices and new emerging technologies. For example, a more intense flu epidemic or intensification of the Severe Acute Respiratory Syndrome (SARS) in B.C. would alter immediate patient needs.
- Attracting and retaining high quality staff in the health sector at a time of global shortages in key trained health care professionals.
- The focus on "patients first" requires a shift in management and provider culture.
- Managing the restructuring of the Ministries of Health and health care service delivery during a period of fixed health system budgets.

Opportunities to Meet the Challenges

The Ministries of Health have internal expertise in planning, monitoring and evaluation and are building stronger relationships with their health system partners. Through the recent redefinition of their core businesses, the Ministries of Health have also more clearly defined their roles and responsibilities, and those of our partners.

The ministries will capitalize on these opportunities to help create a system capable of meeting our many challenges, by:

- Fostering cooperative working relations with health system partners and among various ministry areas;
- Using formal planning and projection tools to attempt to forecast the services that will be required to meet the health care needs of all British Columbians;
- Involving experienced staff and external experts with extensive knowledge of the issues facing the system;
- Introducing innovative planning and management practices;
- Directing, supporting, monitoring and reporting on system performance and accountability;
- Building relationships with other provincial ministries to facilitate the coordination of services;
- Developing and implementing innovative planning approaches and tools;
- Developing and implementing standards of care and accountability to improve the delivery of health services and patient outcomes; and
- Streamlining the Ministries of Health to focus on core businesses and priority issues.

Building the System We Want

Numerous task forces, Royal Commissions and researchers in both Canada and other western nations have noted common elements that distinguish a responsive patient-centred health care system. The 2003 First Ministers' Health Accord also listed the factors which make a patient-centred health system.

In BC, such a system would ensure that all British Columbians:

- Have timely access to health care providers 24 hours a day, 7 days a week, whether by a telephone call to a nurse line, an after-hours clinic, or a fully-staffed referral hospital within a reasonable travel time;
- Have timely access to diagnostic procedures and treatments;
- Do not have to repeat their health histories or repeat tests for every provider they see;
- Have access to quality home and community care services;

- Have access to the drugs they need without undue financial hardship;
- Are able to access quality care no matter where they live; and
- See their health care system as efficient, responsive, and adapting to their changing needs, and those of their families and communities, now and in the future.

Knowing Our Patients

To create a patient-centred, accessible health care system that meets these criteria, we first need to better understand the specific needs of the people we are trying to serve.

All British Columbians need effective public health services, which provide health promotion and protection, effective immunizations, and infectious disease prevention and control; and monitor and regulate water, food and environmental safety. Beyond good public health, the health needs of BC's population can be divided roughly into three distinctive groups:

1. **A majority (about 80%) with infrequent, episodic health needs.** Most British Columbians enjoy generally good health status. They want reassurance the health system will be there when they need it. When they do access care, it is usually to deal with an acute illness or injury, such as broken bone, or other time-limited events.
   What patient-centered, accessible care looks like for them:
   - Responsive "first contact" care that provides the information, reassurance and guidance in seeking further care they need to manage emerging concerns (e.g., fever in a small child);
   - Effective treatment and rehabilitation (e.g., care for a broken leg); and
   - Prevention strategies to help them stay healthy, such as tobacco cessation programs.
2. **A minority (about 15%) with early or stable chronic diseases.** These British Columbians have early chronic health problems, such as asthma, diabetes, cardiovascular disease or mental illness, that put them at high risk of future complications and worsening health.
   What patient-centered, accessible care looks like for them:
   - Coordinated care that monitors and controls their illness, ensuring they receive the necessary tests and treatments known to prevent escalation or complications of their disease; and
   - Effective self-management strategies that teaches them how to participate in managing their condition in order to maintain or improve their health.
3. **A small minority (about 5%) with multiple or severe chronic illnesses and extremely high care needs.** This small percentage of the population (about 200,000 people) need and use care the most. Research finds that they account for about one-third of all physician visits and all hospital admissions and about two-thirds of all hospital days. They can include frail elderly people with multiple health problems; people with terminal

illnesses or incurable conditions, such as congestive heart failure; or people with severe mental illnesses complicated by physical disease or addictions. Some of these individuals may have a sudden health crisis, such as an accident or diagnosis of cancer, which entails intense treatment and contact with health services for perhaps a year or so, but then return to generally good health in subsequent years. **What patient-centered, accessible care looks like for them:**

- Coordinated, integrated care, often from interdisciplinary care teams, that cross service boundaries to monitor and stabilize their condition, prevent unnecessary complications and limit the crises that lead to repeated hospitalizations and deterioration of their quality of life.

Working with Partners to Meet Patients' Needs

Health care in BC is delivered in partnership. While the Ministries of Health directly deliver a select number of services to the public, such as the BC Ambulance Service, health authorities and other system partners such as doctors and pharmacists are responsible for delivering the vast majority of health programs and services to British Columbians. The Ministries of Health will assist our partners in meeting system objectives and priority strategies by providing clear direction and support. Setting policies, creating legislation, providing data and research backing, providing expertise and best practice information, aligning performance with incentives, and linking partners to create best practice networks are some examples of the direction and support that the ministries can provide.

Across the provincial health care system, there are examples of innovation and excellence in service delivery. Forerunners in developing improved care patterns in areas such as palliative care and all-inclusive care for the frail elderly are setting the direction for the health system as a whole to move forward.

In their stewardship role, the Ministries of Health will work closely with service delivery partners (e.g., health authorities (HAs), doctors, pharmacists) to facilitate the sharing of best practices knowledge and help support them in delivering leading edge services to the people of BC.

Further, planning partnerships with health care deliverers will help ensure that government's strategic priorities are both defensible and guide actual service delivery.

Ministry of Health Services Mandate

The role of the Ministry of Health Services is to fund, monitor and evaluate health system performance against clearly stated expectations. Its core functions are:

- Fund and direct health authorities
- Monitor health authority performance
- Evaluate performance
- Take action on non-performance
- Operate the two provincial service plans (Pharmacare, Medical Services Plan)
- Manage and deliver provincial emergency services (BC Ambulance Service)
- Provide corporate support services

The relationships the ministries have with health authorities, provider associations, and counterparts from federal, provincial and local governments will be further enhanced to meet future challenges by:

- Developing stronger relationships with health authorities via Leadership Council;
- Cooperating with federal, provincial and local government counterparts on inter-jurisdictional issues (e.g., federal/provincial/territorial working groups);
- Building on established relationships with professional organizations;
- Building relationships with other ministries to provide "shared services"; and
- Improving understanding of public perceptions and attitudes.

What Are We Doing to Create the System We Want?

The ministries have identified 15 priority strategies for the next three years to help create a more responsive patient-centred health care system. These are listed in the Ministry of Health Services service plan under the core businesses 'Services Delivered by Partners' and 'Services Delivered by Ministry' as this is where lead responsibility for implementing the strategies rests. These 15 priority strategies support the following five key objectives for the health care system:

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/community care.

Our hospitals, community services and health care professionals must be used in the most effective and efficient ways possible that lead to the best patient outcomes. Right now, the lack of adequate services in the community can lead to the following gridlock in acute care. "Verna" is waiting in an acute care medical bed for appropriate services in the community to enable her discharge from hospital. "Fred" is on a stretcher in the emergency awaiting Verna to move to allow him to be admitted upstairs. "Ethel" is in the ambulance and diverted to another hospital because of Fred and others backlogged in the emergency. "Jennifer's" elective surgery is delayed because of the shortage of acute care beds.

The newly reorganized health authorities now have the managerial scope and the budgetary incentives to implement large scale structural changes to how healthcare services are being delivered. These redesign efforts, which were begun in 2001 and are still underway in communities throughout BC, are shifting the underlying mix of services and health care providers to ensure that care is delivered in the most appropriate level and setting. The goal is for an integrated network of services, which links primary care, diagnostics, home and community care and acute care hospitals. In an integrated system the patient will move more easily between various settings and providers and will not be left waiting at one level for services to be provided at another.

Effective primary care and community services can help prevent health crises that lead to hospitalization and speed the discharge from hospital back home. New assisted living units are being built that will provide more appropriate alternatives to residential care for the elderly and help alleviate patients waiting in acute care beds who could receive services elsewhere.

Towards a Better Quality of Life

What are the challenges?

In most polls that ask seniors and people with disabilities what they want, they say the same thing — a good quality of life. They want to remain independent for as long as possible and to have choices for the type of care they receive. Few choose to die in a hospital or long-term care facility, and yet that is what happens to thousands of seniors each year. Many of them may have been able to avoid such institutional settings had there been affordable alternatives such as assisted living. These are home-like residences that provide some care, such as help with daily living activities.

Currently, the bulk of spending — 70 per cent of home and community care costs — are devoted to the 30 per cent of seniors living in long-term care facilities. With the aging population, the number of clients needing home and community care services will increase by about 1,600 people every year. This will mean a greater demand for services and a wider range of care options.

How are these challenges being addressed?

Increasing care options that help people to stay in their homes longer is the underlying objective of the government's new strategic direction. This means a shift from a system dominated by institutional solutions to one that offers more home- and community-based solutions. The goal is to deliver the independence, choice and quality of life that people want. To ensure sustainability of the system, services are being targeted to those with high-care needs and low-to-moderate incomes.

Health authorities are embarking on a major redesign of their home and community care services, which involves:

- providing thousands of assisted living units, including 3,500 under the Independent Living BC Program with BC Housing;
- ensuring a more appropriate use of long-term care facilities to focus on the frailest of seniors and those with high-care needs;
- enhancing home care services such as home support and adult day centers;
- expanding palliative care services to provide dying people with greater choice and access to services to ease the passage of death;
- developing alternatives to acute care services such as sub-acute care and hospice; and
- providing appropriate community and supportive post-acute care to enable timely discharge of patients to their homes from hospital once the need for acute medical care has ended.

How is progress being measured?

The ministry is monitoring two indicators in 2003/04: the use of acute care beds by seniors who could be better served in the community and the percentage of clients with high-care needs living in their own home rather than a facility. It plans to add additional indicators that measure the quality and appropriateness of home and community care services and palliative care.

The system is in year two of the redesign process and is still in the transition phase to this more effective and sustainable health care model. The goal is to create a flexible, adaptable system that is continually improving and meeting patients' and the public's changing health needs at the most appropriate level. However, modernizing care processes to create this adaptable system requires time and dedicated resources. The ministry and its health service delivery partners will be staying the course over the next three years with these redesign plans. Through performance measures and health authority performance agreements, we will be monitoring the success of these initiatives and reporting to the public.

Changing the Focus of Care for Mental Health and Addiction

What are the challenges?

Substance use and mental disorders are associated with significant human and economic costs:

- One in five adults experiences a mental disorder during a 12-month period;
- Approximately 300,000 British Columbians see a physician for depression or anxiety disorders each year;
- Hospital stays for patients with mental disorders are two and a half times longer than for other illnesses;
- 30 per cent of the days spent in acute-care hospitals are used by patients with a mental disorder; and
- 50–70 per cent of patients have concurrent mental and substance use disorders.

The problem is often exacerbated by untreated physical illnesses, undiagnosed substance use disorders, unemployment and homelessness. Yet, these substance use and mental disorders are treatable. With appropriate care and support, people can manage their illness better, reduce their level of disability and achieve their full potential.

How are these challenges being addressed?

A key step in providing appropriate care and support to people with mental disorders is to provide more care in the community and to minimize time spent in institutions. The success of this shift will depend in large part on ensuring a continuum of services in each health authority that better integrates community, primary, secondary, and tertiary mental health and addictions care. Integrating mental health into the larger health care network will also be critical.

More specifically, to revitalize mental health and addiction services, we are refocusing the mental health plan to concentrate on several major shifts:

- ensuring better integration of mental health and addiction services, for example, by providing a continuum of hospital- and community-based care; coordinating care among doctors, nurses, counselors, and other professionals; and improving the transition of youth to the adult mental health system;
- improving community-based options, such as education, supportive residential care, and home treatment;
- undertaking province-wide strategies to address problem areas, such as depression and anxiety disorders;
- developing innovative provincial tertiary or specialized care in key provincial locations;
- integrating care across all care networks, particularly for clients with extensive high-care needs, such as people with substance use and mental disorders; and
- ensuring quality service delivery by providing access to accurate, standard and timely information and promoting the use of best practices and evidence-based approaches.

How is progress being measured?

To ensure a focus on quality and effectiveness of mental health services, the ministries are monitoring two indicators that measure results of service changes for clients. Specifically, the 2003/04 indicators are monitoring the proportion of persons who received follow-up care after treatment of a mental disorder in hospital and the proportion of mental health services received by mental health clients within their own health authority.

How much are we spending?

An additional $220 million in funding is being added for mental health services by 2005/06 to bring total funding for mental health services to over $1.1 billion a year.

Funding for Mental Health Services ($ millions)

2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
855	924	1,005	1,067	1,086	1,124

Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.

One-size does not fit all in health service delivery. Customized care that expressly addresses the unique needs of specific patient subpopulations, such as palliative care programs for the dying or specialized care for the frail elderly, can improve quality of life and health outcomes for patients and provide better use of health services.

A major new system-wide strategy targeting patients who need and use the most care is included in this service plan. This initiative will capitalize on new federal funding to improve the management of care for the sickest people in BC. The focus of this initiative will model improved, patient-centred care as described in the accompanying box.

Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.

Health promotion, prevention, and protection, along with chronic disease prevention and management, are important health services necessary to maintain and improve positive health outcomes while containing overall health system costs. The essential first step in management of disease, illness or disability is to prevent or at least delay their occurrence. All British Columbians benefit from effective public health services, which provide health promotion and protection, effective immunizations, and infectious disease prevention and control; and monitor and regulate water, food and environmental safety. The second step is to reduce the burden of disease, injury and disability

Modeling Our New Way of Doing Business

The five per cent of individuals who need and use health services the most are moving in and out of our health care system constantly. They are the ones whose care experience and outcomes can effectively mark out progress in creating a responsive health system.

Improving system processes for the patients with the highest needs will exemplify, and be the litmus test of, the philosophical and practical changes behind the current health reforms already well underway. By its application, the high needs strategy will:

- help further define the new stewardship roles of the Ministries of Health;
- demonstrate the service delivery role of the health authorities;
- provide opportunities for clinical integration and innovation among our health professionals and;
- encourage the patients themselves to become informed partners in their own care

Principles of Care

- Identification and monitoring of the population at risk
- Coordinated care that increases quality, integration and efficiency of care
- Stepped care that matches treatment to need
- Shared care that enables timely access to expert support
- Preventing the preventable, particularly intervening to stop the worsening of disease
- Supporting patient empowerment
- Tailored programs designed for specific purposes
- Increasing the capacity of primary health care service

Examples of Programs Health Authorities May Decide Best Meet Patient Needs:

- **End-of-Life Care:** Advanced Directives and Community-Based Palliative Care
- **All-inclusive care for the frail elderly:** Full spectrum of community care for the frail elderly that improves health and quality of life and keeps them out of hospital.
- **Assertive Community Treatment for people with mental illness:** "ACT" teams provide outreach to people living with severe mental illness to improve health, manage other health problems and prevent hospitalization.

through education and self-management in combination with supportive environments and health services. Ensuring people have the resources they need, where they need them and when they need them can help them make the right health decisions for themselves and their families. Resources such as the BC HealthGuide Handbook, BC HealthGuide Online, and the BC NurseLine ensure people have the information they need, 24 hours a day, 7 days a week to make appropriate health decisions at home.

Objective 4: Manage within the available budget while meeting the priority needs of the population.

In addition to shifting the underlying structure of health service delivery, individual services are being examined to maximize patient safety by ensuring a critical mass of expertise is maintained. This consolidation of services, together with a careful and efficient administration of services, will help ensure the system is sustainable over the long run.

Under this objective, the regions will continue to consolidate acute care services and create a network of services, linking small community hospital centres with basic emergency services to larger community hospitals and regional referral centres for more complex care. This consolidation of services into a coordinated, stepped network of care will lead to more continuous coverage, better recruitment and retention of family doctors and specialists, improved patient outcomes and a wiser, more cost-efficient use of resources.

Objective 5: Provide clients with equitable and timely access to services directly delivered by the Ministry.

The fifth objective focuses on improving the services the ministry currently delivers directly to the public. Priorities include better integration of ambulance services with other health services and timely delivery of MSP and Pharmacare registration services. The ministry is in the process of reviewing these "Services Delivered by Ministry" to determine if direct delivery is in fact the most appropriate and efficient way of doing business.

How Well Does this Plan Reflect the Features of a Good System?

Earlier, under *Building the System We Want*, the plan identified seven elements of a responsive, patient-centred health system. The following table shows how this plan's strategies address these features:

Elements of A Good System	Strategies
Timely access to health care providers 24/7, whether by a call to a nurse line, after-hours clinic, or fully-staffed referral hospital within a reasonable travel time.	**Priority Strategy #1** — Hospital Admissions Prevention through Increased Community Care Options: Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community.
Timely access to diagnostic procedures and treatments.	**Priority Strategy #3** — Effective Management of Acute Care Services in Hospitals: Plan for and manage the demand on emergency health services and surgical and procedural services.
Do not have to repeat their health histories or repeat tests for every provider they see.	**Priority Strategy #5** — Build the Foundation for Integrated Care networks: a) Connect physicians and other health care professionals to diagnostic services, hospitals and each other.
Access to quality home and community care services.	**Priority Strategy #2** — Post-Acute (hospital care) Alternatives: Provide appropriate community health support to enable timely discharge of patients from hospital once the need for acute medical care has ended. **Priority Strategy #4** — Alternatives to Institutional Care: Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.
Access to the drugs they need without undue financial hardship.	**Priority Strategy #15 — Improve Registration Services to the Public:** Review the MSP and Pharmacare registration criteria and processes to ensure they provide appropriate and timely services to British Columbians and are managed and delivered by the most appropriate and efficient means.
Access to quality care no matter where they live.	**Priority Strategy #12** — Service Quality Enhancement for Rural and Smaller Communities: Consolidate services where necessary to ensure there is a critical mass of expertise to deliver services safely, cost-effectively and at a high quality.
See their health care system as efficient, responsive, and adapting to their changing needs, and those of their families and communities, now and in the future.	**MOHP Strategy 1** — Translate health care needs into clear strategic direction for the healthcare system and communicate this direction through comprehensive mid- and long-term plans. **MOHP Strategy 6** — Provide legislative, regulatory and policy frameworks that provide greater flexibility in how and what services are delivered to ensure appropriate and cost-effective delivery. **MOHP Strategy 10** — Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.

How will Progress be Measured?

Our progress and performance in achieving the results for our health service plan efforts will be measured and reported on at various levels of the system. The refinement of ministry service plan performance measures, done collaboratively with health authorities, will assist the system in focusing on priority populations and measuring the success of service improvements and health reform fund initiatives.

Performance measures are also included in health authority (HA) performance agreements and will be reported on annually through HA performance reports. This year, for the first time, performance measures have been developed for the ministries' various functions, not just for services delivered by partners. Now the ministries will be better able to measure and evaluate how well they perform their corporate management and stewardships functions and how well they deliver the services they provide directly to the public.

The tighter alignment of HA performance agreements with ministry service plans in 2003/04 will help ensure that redesign changes are implemented, that their success is monitored and reported, and that appropriate corrective action is taken.

Ministry Goals (MOHS and MOHP)

Goal 1: High Quality Patient-Centred Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

Goal 3: A Sustainable, Affordable Public Health System

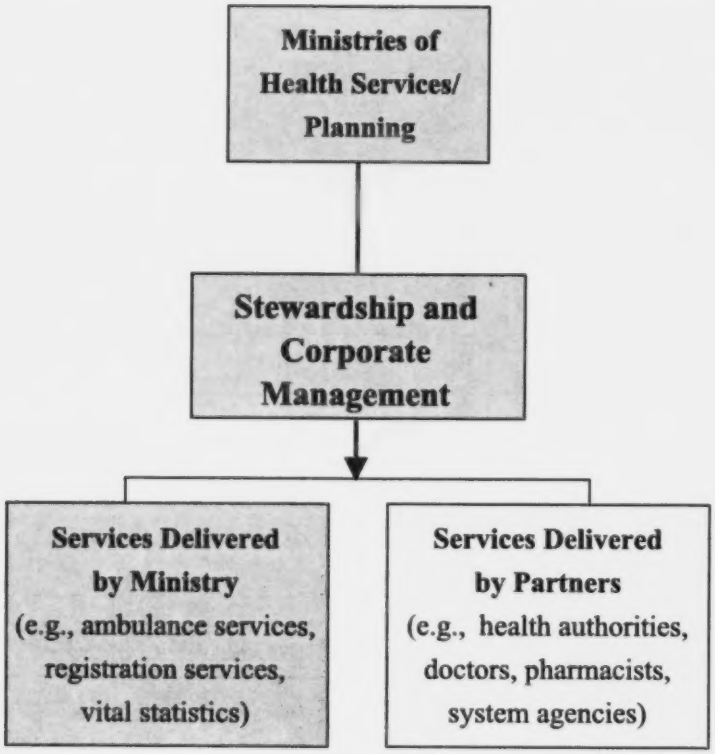
A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

Core Businesses

The two Ministries of Health share three core businesses:

- Stewardship and Corporate Management
- Services Delivered by Ministry, and
- Services Delivered by Partners

Core Businesses for the Ministries of Health


Ministries of Health Services/ Planning
Stewardship and Corporate Management
Services Delivered by Ministry (e.g., ambulance services, registration services, vital statistics)
Services Delivered by Partners (e.g., health authorities, doctors, pharmacists, system agencies)

This service plan is structured around these three core businesses. The reader is reminded that the strategies shown under "Stewardship and Corporate Management" in this plan and in its companion document the Ministry of Health Planning Service Plan, are intended to support our partners in achieving the 15 health system priority strategies discussed under "Services Delivered by Partners" and "Services Delivered by Ministry". These 15 priority strategies for the health system are also listed on page 5 of this plan.

Resource Summary by Core Business

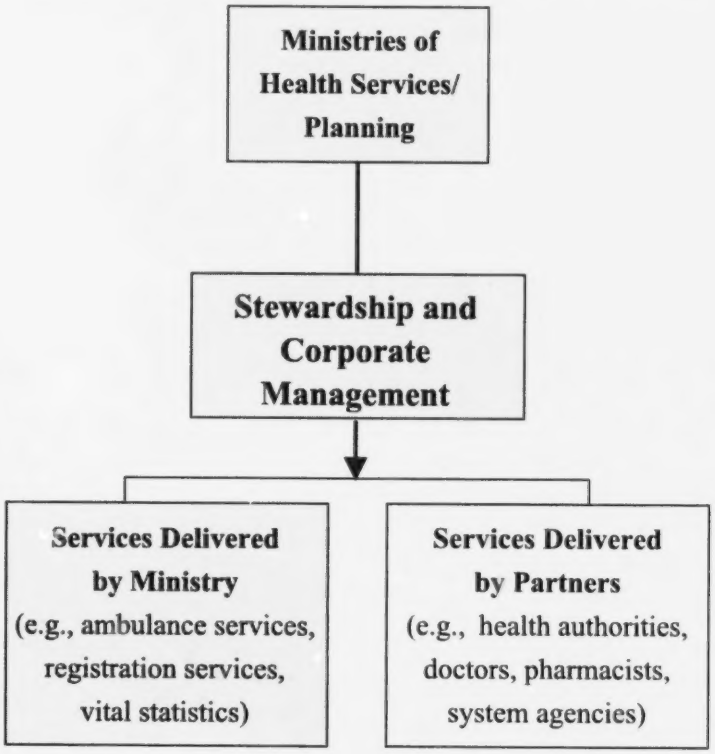
Core Business:	2002/03 Restated Estimates	2003/04 Revised Estimates	2004/05 Plan	2005/06 Plan
Operating Expenses ($000)				
Services Delivered by Partners	9,871,481	10,209,710	10,312,813	10,510,213
Services Delivered by Ministry	202,660	204,134	200,394	200,394
Stewardship and Corporate Management	111,825	90,903	70,868	70,868
TOTAL	**10,185,966**	**10,504,747**	**10,584,075**	**10,781,475**

Core Businesses

The two Ministries of Health share three core businesses:

- Stewardship and Corporate Management
- Services Delivered by Ministry, and
- Services Delivered by Partners

Core Businesses for the Ministries of Health


Ministries of Health Services/ Planning
Stewardship and Corporate Management
Services Delivered by Ministry (e.g., ambulance services, registration services, vital statistics)
Services Delivered by Partners (e.g., health authorities, doctors, pharmacists, system agencies)

This service plan is structured around these three core businesses. The reader is reminded that the strategies shown under "Stewardship and Corporate Management" in this plan and in its companion document the Ministry of Health Planning Service Plan, are intended to support our partners in achieving the 15 health system priority strategies discussed under "Services Delivered by Partners" and "Services Delivered by Ministry". These 15 priority strategies for the health system are also listed on page 5 of this plan.

Resource Summary by Core Business

Core Business:	2002/03 Restated Estimates	2003/04 Revised Estimates	2004/05 Plan	2005/06 Plan
Operating Expenses ($000)				
Services Delivered by Partners	9,871,481	10,209,710	10,312,813	10,510,213
Services Delivered by Ministry	202,660	204,134	200,394	200,394
Stewardship and Corporate Management	111,825	90,903	70,868	70,868
TOTAL	**10,185,966**	**10,504,747**	**10,584,075**	**10,781,475**

Objectives, Strategies, Performance Measures and Targets

Priority Strategies for Services Delivered to the Public

- **Services Delivered by Partners**
- **Services Delivered by Ministry**

Core Business: Services Delivered by Partners

Goal:

1. High Quality Patient Care

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/ community care.

Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.

Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.

Objective 4: Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options: Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community.

Priority Strategy 2: Post-Acute (hospital care) Alternatives: Provide appropriate community health support to enable timely discharge of patients from hospital once the need for acute medical care has ended.

Priority Strategy 3: Effective Management of Acute Care Services in Hospitals: Plan for and manage the demand on emergency health services and surgical and procedural services.

Priority Strategy 4: Alternatives to Institutional Care: Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.

Priority Strategy 5: Build the Foundation for Integrated Care Networks:

a. Connect physicians and other health care professionals to diagnostic services, hospitals, and each other.

b. Provide a continuum of services in each health authority for mental health patients that better integrates primary, secondary, community and tertiary mental health care and is integrated with the larger care networks.

Performance Measures:

PS–PM #1 (Relates to Priority Strategy 1): Rates of admission for conditions that could be managed outside hospital (conditions classified as "may not require hospitalization").

Target 02/03: 5% decrease over prior year

Target 03/04: 5% decrease over prior year*

Target 04/05: 5% decrease over prior year*

Target 05/06: 5% decrease over prior year*

(*targets established using 2000/01 data. Targets will be revisited once 01/02 baseline data are available)

PS–PM #2 (Relates to Priority Strategy 1): NurseLine use rates.

Target 02/03: 25% increase in NurseLine use (from 2001/02 baseline of 103,471); 15% increase in call forwarding of after hour calls from physician offices to NurseLine (from 2001/02 baseline of 335)

Target 03/04: 35% increase in NurseLine use (from 2001/02 baseline); 25% increase in call forwarding of after hour calls from physician offices to NurseLine (from 2001/02 baseline).

Target 04/05: 45% increase in NurseLine use (from 2001/02 baseline); 35% increase in call forwarding of after hour calls from physician offices to NurseLine (from 2001/02 baseline).

Target 05/06: 50% increase in NurseLine use (from 2001/02 baseline); 40% increase in call forwarding of after hour calls from physician offices to NurseLine (from 2001/02 baseline)

PS–PM #3 (Relates to Priority Strategy 2 & 4): Percentage of days spent by patients in hospitals after the need for hospital care ended, measured by alternative level of care days (ALC days) as a percentage of total hospital inpatient days.

Target 02/03: 5% decrease over prior year

Target 03/04: 5% decrease over prior year

Target 04/05: 5% decrease over prior year

Target 05/06: 3% decrease over prior year

PS–PM #4 (Relates to Priority Strategy 2 & 4): Percentage of clients with high care needs living in their own home rather than a facility

Target 02/03: 2% increase over prior year

Target 03/04: 2% increase over prior year

Target 04/05: 5% increase over prior year

Target 05/06: TBD, based on new assessment tool

PS–PM #5 (Relates to Priority Strategy 3): Waiting times for key services: Radiotherapy and Chemotherapy.

a. Radiotherapy:

Target 02/03: 90% of patients begin treatment within 4 weeks of being ready to treat.

Target 03/04: maintain at 90% of patients begin treatment within 4 weeks of being ready to treat

Target 04/05: maintain at 90% begin treatment within 4 weeks

Target 05/06: maintain at 90% begin treatment within 4 weeks

Performance Measures (continued):

b. Chemotherapy:

Target 02/03: 90% of patients begin treatment within 2 weeks of being ready to treat.

Target 03/04: maintain at 90% of patients begin treatment within 2 weeks of being ready to treat.

Target 04/05: maintain at 90% begin treatment within 2 weeks

Target 05/06: maintain at 90% begin treatment within 2 weeks

PS–PM #6 (Relates to Priority Strategy 3): Emergency Room Use performance measure TBD.

Actual 02/03: N/A

Target 03/04: TBD

Target 04/05: TBD

Target 05/06: TBD

PS–PM #7 (Relates to Priority Strategy 5b): Improved continuity of care measured by the proportion of persons (aged 15 to 64) hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge.

Target 02/03: 3% increase over prior year

Target 03/04: Increase over prior year

Target 04/05: Increase over prior year

Target 05/06: Increase over prior year

PS–PM #8 (Relates to Priority Strategy 5b): Improved availability of community services measured by: Percentage of days spent by mental health patients (aged 15 to 64) in hospitals after the need for hospital care ended.

Target 02/03: No change relative to the 2001/02 baseline year

Target 03/04: 2% reduction over the prior year

Target 04/05: 2% reduction over the prior year

Target 05/06: No change over the prior year

PS–PM #9 (Relates to Priority Strategy 5b): Proportion of mental health services (community, physician and acute care) received by mental health clients (aged 15 to 64) that are obtained in their own health authority.

Long-term target: 87% of the services received within HA

Target 02/03: Increase towards long-term target

Target 03/04: Increase towards long-term target

Target 04/05: Increase towards long-term target

Target 05/06: Increase towards long-term target

Core Business: Services Delivered by Partners (continued)

Goal:

1. High Quality Patient Care

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/ community care.

Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.

Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.

Objective 4: Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 6: Better Care for People with Extensive Care Needs: Provide integrated care and targeted services for patients who have extensive health care needs to more effectively manage their contact with healthcare services.

Priority Strategy 7: Better Care for People with Chronic Conditions: Increase the emphasis on the effective management of chronic diseases (e.g., diabetes) to prevent or slow disease progression.

Priority Strategy 8: Better Care for the Dying: Expand palliative care services to provide dying people with greater choice and access to services to ease the passage of death.

Priority Strategy 9: Improve the Health Status of Aboriginal Peoples: Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.

Performance Measures:

PS–PM #10 (Relates to Priority Strategy 6): Performance measure for the highest needs population (the sickest) TBD.

Actual 02/03: N/A

Target 03/04: TBD

Target 04/05: TBD

Target 05/06: TBD

Performance Measures (continued):

For designated Chronic Disease Management (CDM) conditions (in 2002/03 Congestive Heart Failure and Diabetes; in 2003/04 Asthma, Kidney Disease, Depression and Arthritis):

PS–PM #11 (Relates to Priority Strategy 7): Adherence to clinical best practices for managing chronic diseases measured by use of evidence-based quality benchmarks. (Will report on diabetes for 2003/04; other major chronic conditions to be added in subsequent years).

Diabetes: Percentage of patients with diabetes receiving at least 2 blood glucose (HbA1c) tests during the year.

Target 02/03: 45%

Target 03/04: 55%

Target 04/05: 60%

Target 05/06: 65%

PS–PM #12 (Relates to Priority Strategy 7): Appropriate prescribing of and compliance with drugs for one or more chronic conditions where drug therapy is key (e.g., asthma).

Target 02/03: N/A

Target 03/04: Determine baseline and set targets

Target 04/05: TBD

Target 05/06: TBD

PS–PM #13 (Relates to Priority Strategy 8): Palliative care performance measure TBD.

Actual 02/03: N/A

Target 03/04: TBD

Target 04/05: TBD

Target 05/06: TBD

PS–PM #14 (Relates to Priority Strategy 9): Improved health status for Aboriginal peoples measured by infant mortality and life expectancy.

Long-term target: Comparable health status between Aboriginal people and other residents of BC.

Target 02/03: Improvement in Status Indian infant mortality and life expectancy, from 1991–1999 baseline.

Target 03/04: Improvement in Status Indian infant mortality and life expectancy, from 1991–1999 baseline.

Target 04/05: Status Indian infant mortality rate equal to that of other residents of B.C.; continued improvement in Status Indian life expectancy.

Target 05/06: Status Indian infant mortality rate equal to that of other residents of B.C.; continued improvement in Status Indian life expectancy.

Core Business: Services Delivered by Partners (continued)

Goal:

2. Improved Health and Wellness for British Columbians

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/ community care.

Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.

Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.

Objective 4: Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 10: Enhancing Self-Care and Self-Management: Support individuals' self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.

Priority Strategy 11: Protection from Disease or Injury: Protect public health by implementing core public health prevention and protection programs (e.g., food and water safety programs, immunization programs, falls)

Performance Measures:

PS–PM #15 (Relates to Priority Strategy 10): Patient use of self-management techniques measured by use of evidence-based quality benchmarks. For 2003/04 will report on percentage of patients with diabetes receiving at least 2 blood glucose (HbA1c) tests during the year.

Target 02/03: 45%

Target 03/04: 55%

Target 04/05: 60%

Target 05/06: 65%

PS–PM #16 (Relates to Priority Strategy 11): Immunization rates.

a. Two-year olds with up-to-date immunizations

Target 02/03: 82%

Target 03/04: 83%

Target 04/05: 85%

Target 05/06: 85%

b. Influenza vaccination [illegible]lation age 65 and over (Targets will be revisited in 2004/05 when new data from an improved [illegible] source becomes available).

Target 02/03: 2% increase over prior year

Target 03/04: 2% increase over prior year

Target 04/05: 2% increase over prior year

Target 05/06: 2% increase over prior year

Core Business: Services Delivered by Partners (continued)

Goal:

3. A Sustainable, Affordable Health Care System

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/ community care.

Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.

Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.

Objective 4: Manage within the available budget while meeting the priority needs of the population.

Priority Strategy 12: Service Quality Enhancement for Rural and Smaller Communities: Consolidate services where necessary to ensure there is a critical mass of expertise to deliver services safely, cost-effectively and at a high quality.

Priority Strategy 13: Managing within Budget Allocation: Manage the delivery of services within budget.

Performance Measures:

PS–PM #17 (Relates to Priority Strategy 13): Administrative and support services expenditures by health authorities.

- **Target 02/03:** Reduction from 2001/02 administrative and support services expenditures
- **Target 03/04:** Reduction from 2001/02 administrative and support services expenditures
- **Target 04/05:** At least 7% reduction in annual expenditures for administrative and support services (excluding Information Systems) from 2001/02 baseline.
- **Target 05/06:** Completed; moved to Schedule B of the HA Performance Agreements

PS–PM #18 (Relates to Priority Strategy 13): Health authorities in a balanced budget position over the two year period 2002/03–2003/04 and then are balanced in each subsequent fiscal year. (This PM is repeated under Stewardship).

- **Target 02/03–03/04:** Expenditures will not exceed revenues over these two fiscal years combined
- **Target 04/05:** Expenditures will not exceed revenues in this fiscal year
- **Target 05/06:** Expenditures will not exceed revenues in this fiscal year

Core Business: Services Delivered by Ministry

Goals:
1. High Quality Patient Care
3. A Sustainable, Affordable Health Care System

Objective 5: Provide clients with equitable and timely access to services directly delivered by the ministry

Priority Strategy 14: Better Integrate the BC Ambulance Service within the Overall Health Services System: Review the ambulance service to ensure it is governed, managed and delivered by the most appropriate means and most appropriate providers to meet the needs of British Columbians.

Priority Strategy 15: Improve Registration Services to the Public: Review the MSP and Pharmacare registration criteria and processes to ensure they provide appropriate and timely services to British Columbians and are managed and delivered by the most appropriate and efficient means.

Performance Measures:

PS–PM #19 (Relates to Priority Strategy 14): Ambulance service response rates

- **Long-term target:** Ambulance response times to the most urgent cases in metropolitan settings, less than 9 minutes, 90% of the time
- **Target 02/03:** 5% increase over prior year in the number of urgent cases in metropolitan settings responded to in less than 9 minutes
- **Target 03/04:** 5% increase over prior year
- **Target 04/05:** 5% increase over prior year
- **Target 05/06:** 5% increase over prior year

PS–PM #20 (Relates to Priority Strategy 15): Percentage of the population adequately insured for eligible prescription drug costs.

- **Target 02/03:** N/A
- **Target 03/04:** Establish baseline percentage of the population adequately insured (no family pays more than 4% of their net income for prescription drugs)
- **Target 04/05:** Increase over previous year (% TBD after baseline established)
- **Target 05/06:** Increase over previous year (% TBD after baseline established)

PS–PM #21 (Relates to Priority Strategy 15): Turnaround times for MSP/Pharmacare (beneficiary) services to the public:

a. **Enrolment applications**
   - **Actual 02/03:** 16 weeks
   - **Target 03/04:** 50% reduction in 2002/03 turnaround time or no greater than 8 weeks
   - **Target 04/05:** 75% reduction in 2002/03 turnaround time or no greater than 6 weeks
   - **Target 05/06:** No greater than 4 weeks

b. **Premium assistance applications**
   - **Actual 02/03:** 12 weeks
   - **Target 03/04:** 75% reduction in 2002/03 turnaround time or no greater than 6 weeks
   - **Target 04/05:** No greater than 4 weeks
   - **Target 05/06:** No greater than 4 weeks

Objectives, Strategies, Performance Measures and Targets (continued)

Ministry Strategies for:

- Stewardship
- Corporate Management

Core Business: Stewardship and Corporate Management

Stewardship

Goals:

1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians

Objective 1: Direction

Government's strategic direction is clearly defined and communicated and guides service delivery.

Objective 2: Support

Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.

Objective 3: Monitoring, Evaluation and Course Correction

Delivered services meet public needs and are sustainable.

MOHS Strategy 1: Translate government's direction into measurable expectations that will guide operational management and delivery of health services, while allowing partners the flexibility to operate services to meet those expectations.

MOHS Strategy 2: Align health care funding with BC's strategic priorities, while ensuring health care commitments made with other governments are met.

MOHS Strategy 3: Facilitate the delivery of health services by partners through the development and use of best practice guidelines and protocols.

Performance Measures:

MOHS – PM #1 (Relates to Strategy 1): Partners' ratings of the clarity, timeliness and usefulness of government direction in guiding service delivery

Target 03/04: N/A

Target 03/04: TBD

Target 04/05: TBD

Target 05/06: TBD

MOHS – PM #2 (Relates to Strategy 2): Commitments articulated in the 2003 Accord met

Target 03/04: N/A

Target 03/04: TBD, based on joint federal, provincial and territorial discussions in the fall of 2003

Target 04/05: TBD

Target 05/06: TBD

MOHS – PM #3 (Relates to Strategy 3): Strategic clinical practice guidelines in priority areas developed and implemented

Base 02/03: 7 guidelines approved

Target 03/04: develop and implement guidelines for palliative care, post-stay acute care, assisted living, hypertension, asthma, and depression.

Target 04/05: develop and implement guidelines in two additional areas (TBD)

Target 05/06: develop and implement guidelines in two additional areas (TBD)

Stewardship (continued)

Goals:
1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians

Objective 1: Direction
Government's strategic direction is clearly defined and communicated and guides service delivery.

Objective 2: Support
Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.

Objective 3: Monitoring, Evaluation and Course Correction
Delivered services meet public needs and are sustainable.

MOHS Strategy 4: Make data accessible, with due attention to quality, security and privacy protection, to support improved planning of patient care and clinical decision making by partners (e.g. Electronic Health Record; CDM registries; inter-provincial/national data collection standards and registries).

MOHS Strategy 5: Eliminate conflicting or unnecessary policies and regulations in policy manuals to ensure policy direction is clear and consistent.

MOHS Strategy 6: Align incentives to facilitate the achievement of expectations (e.g., incentives to retain and recruit rural/remote physicians).

MOHS Strategy 7: Ensure contract negotiations support strategic priorities and do not serve as a barrier to change.

Performance Measures:

MOHS – PM #4 (Relates to Strategy 4): Clients' and partners' ratings of data availability and usefulness in supporting planning and service delivery

- **Target 02/03:** N/A
- **Target 03/04:** TBD
- **Target 04/05:** TBD
- **Target 05/06:** TBD

MOHS – PM #5 (Relates to Strategy 5): Percentage of regulatory requirements reduced

- **Target 02/03:** N/A
- **Target 03/04:** Less than 5% reduction in regulations
- **Target 04/05:** Further 20% reduction in regulations
- **Target 05/06:** Completed

MOHS – PM #6 (Relates to Strategy 5): Number of redundant or unnecessary policies eliminated from policy manuals

- **Target 02/03:** N/A
- **Target 03/04:** TBD
- **Target 04/05:** TBD
- **Target 05/06:** TBD

Stewardship (continued)

Goals:

1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians
3. A Sustainable, Affordable Health Care System

Objective 1: Direction

Government's strategic direction is clearly defined and communicated and guides service delivery.

Objective 2: Support

Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.

Objective 3: Monitoring, Evaluation and Course Correction

Delivered services meet public needs and are sustainable.

MOHS Strategy 8: Develop an effective monitoring and evaluation framework for services provided by health authorities and other system partners (e.g., health professions).

MOHS Strategy 9: Monitor financial status to ensure overall health system costs stay within budget.

MOHS Strategy 10: Improve the quality and timeliness of reporting by the health authorities.

MOHS Strategy 11: Undertake value-for-money reviews of the following: Scopes of practice; laboratory services; Medical Services Commission; and streamlining and improving business practices in Pharmacare.

Performance Measures:

MOHS – PM #7 (Relates to Strategy 8): HA compliance with the performance agreement

- **Target 02/03:** Confirm criteria for compliance
- **Target 03/04:** 6/6 HAs will be in compliance
- **Target 04/05:** 6/6 HAs will be in compliance
- **Target 05/06:** 6/6 HAs will be in compliance

MOHS – PM #8 (Relates to Strategy 9): Health authorities are in a balanced budget position over the two year period 2002/03 – 2003/04 and then are balanced in each subsequent fiscal year.

- **Target 02/03 – 03/04:** Expenditures will not exceed revenues over these two fiscal years combined.
- **Target 04/05:** Expenditures will not exceed revenues in this fiscal year
- **Target 05/06:** Expenditures will not exceed revenues in this fiscal year.

Performance Measures (continued):

MOHS – PM #9 (Relates to Strategy 9): Overall health system financial status (actual expenditures compared to budgeted expenditures at year end)

Target 02/03: Expenditures do not exceed budget

Target 03/04: Expenditures do not exceed budget

Target 04/05: Expenditures do not exceed budget

Target 05/06: Expenditures do not exceed budget

MOHS – PM #10 (Relates to Strategy 11): Pharmacare programs and policies reviewed for congruency with quality patient outcomes, program sustainability and transparency.

Target 02/03: N/A

Target 03/04: Review completed and changes implemented

Target 04/05: Measured changes with respect to outcomes, sustainability and transparency assessed and reported

Target 05/06: Completed

Corporate Management

Goal:
3. A Sustainable, Affordable Health Care System

Objective 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Objective 2: Sound management practices in place.

MOHS Strategy 12: Implement Human Resource Management Plan for the Ministries of Health (see Section F in this service plan)

Performance Measures:

MOHS – PM #11 (Relates to Strategy 12): Percentage of employees who indicated comprehension of vision, mission, and goals of the organization and their role in assisting to achieve these goals (Annual Employee Survey)

Target 02/03: N/A

Target 03/04: TBD*

Target 04/05: TBD

Target 05/06: TBD

(*TBD — targets will be based on results received from pending employee survey)

Goal:

3. A Sustainable, Affordable Health Care System

Objective 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Objective 2: Sound management practices in place.

MOHS Strategy 13: Embed sound business practices and a business management culture within the Ministries of Health.

Performance Measures:

MOHS – PM #12 (Relates to Strategy 13): Percentage of divisions with integrated service (business) and HR plans

Target 02/03: N/A

Target 03/04: 30%

Target 04/05: 80%

Target 05/06: 100%

Consistency with Government Strategic Plan

Government Strategies related to the Ministry of Health Services and the Ministry of Health Planning	Ministry of Health Services and Ministry of Health Planning Strategies
Goal 1: A Strong and Vibrant Economy	
Expand partnerships with the federal government to promote growth and economic development in British Columbia.	**MOHS Strategy 4:** Make data accessible, with due attention to quality, security and privacy protection, to support improved planning of patient care and clinical decision making by partners (e.g., Electronic Health Record; CDM registries; inter-provincial/national data collection standards and registries). **MOHS Strategy 2:** Align health care funding with BC's strategic priorities, while ensuring health care commitments made with other governments are met.
Develop a provincial human resources strategy to ensure British Columbia has the skilled workforce to support British Columbia growth.	**MOHP Strategy 7:** Ensure the healthcare system has the capacity to meet the population's health needs by developing provincial plans for the supply and effective use of health care professionals, facilities and infrastructure.
All ministries will meet their budget and service plan targets.	**MOHS Strategy 9:** Monitor financial status to ensure overall health system costs stay within budget.
Promote and sustain a renewed professional public service.	**MOHP Strategy 14:** Implement Human Resource Management Plan for the Ministries of Health. **MOHS Strategy 12:** Implement Human Resource Management Plan for the Ministries of Health.
Establish public private partnerships or other alternative service delivery arrangements for capital infrastructure and program delivery.	**MOHP Strategy 6:** Provide legislative, regulatory and policy frameworks that provide greater flexibility in how and what services are delivered to ensure appropriate and cost-effective service delivery (e.g., Public private partnerships).

Goal 2: A Supportive Social Fabric	
Facilitate a community-based approach to ensure access to high quality and cost effective health, education and social services.	**Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options:** Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community. **Priority Strategy 2: Post-Acute (hospital care) Alternatives:** Provide appropriate community and supportive care to enable timely discharge of patients from hospital once the need for acute medical care has ended. **Priority Strategy 4: Alternatives to Institutional Care:** Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs. **Priority Strategy 5: Build the Foundation for Integrated Care Networks: b.** Provide a continuum of services in each health authority for mental health patients that better integrates primary, secondary community and tertiary mental health care and is integrated with the larger care networks.
Provide greater choice of living options for Home and Community Care.	**Priority Strategy 4: Alternatives to Institutional Care:** Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.

Enhance full-service family practice to ensure delivery of a consistent level and quality of coordinated medical and related services throughout the province.	**Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options:** Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community. **Priority Strategy 5: Build the Foundation for Integrated Care Networks:** **a.** Connect physicians and other health care professionals to diagnostic services, hospitals, and each other.
Ensure delivery of a consistent level and quality of education, health and social services throughout the province.	**MOHP Strategy 2:** Develop provincial quality and access standards/guidelines for selected services (e.g., appropriate service volumes required to ensure safety and quality of service delivery). **MOHP Strategy 9:** Lead the development of planning guidelines that articulate best practices for service delivery (End-of-life, Aboriginal health services and women's health strategies)
Implement and manage performance based accountability agreements for publicly funded agencies including health, education and social services.	**MOHS Strategy 8:** Develop an effective monitoring and evaluation framework for services provided by Health Authorities and other system partners (e.g., health professions).
Improve the prevention and management of selected chronic diseases.	**Priority Strategy 7: Better Care for People with Chronic Conditions:** Increase the emphasis on the effective management of chronic diseases (e.g., diabetes) to prevent or slow disease progression.
Ensure information is available to assist individuals in making more informed decisions regarding their personal and community health, education, fitness, safety and health care needs.	**Priority Strategy 10: Enhancing Self-Care and Self-Management:** Support individuals' self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.
Provide supports and incentives to enhance local responsiveness to community and family needs.	**MOHS Strategy 6:** Align incentives to facilitate the achievement of expectations (e.g., incentives to retain and recruit rural/remote physicians). **Priority Strategy 12: Service Quality Enhancement for Rural and Smaller Communities:** Consolidate services where necessary to ensure there is a critical mass of expertise to deliver services safely, cost-effectively and at a high quality.

Provide supports and incentives to engage in programs for health promotion and prevention of racism and violence.	**MOHP Strategy 4:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g., food and water safety licensing). **MOHP Strategy 8:** Influence public policy outside health to address principle risk factors that underlie health outcomes and drive health system costs (e.g., housing, economics, environment).
Promote the development of supports and services within aboriginal communities that address their unique social and economic conditions.	**Priority Strategy 9: Improve the Health Status of Aboriginal Peoples:** Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.
Goal 3: Safe, Healthy Communities and a Sustainable Environment	
Reduce impacts to surface and groundwater through implementation of the amended *Drinking Water Protection Act* and groundwater legislation.	**MOHP Strategy 4: Improve the Health Status of Aboriginal Peoples:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g. food and water safety licensing). **Priority Strategy 11: Protection from Disease or Injury:** Protect public health by implementing core public health prevention and protection programs (e.g. food and water safety programs, immunization programs, falls)
Sponsor a provincial strategy that promotes physically active living through active schools, active communities and organized sport.	**MOHP Strategy 4:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g., food and water safety licensing). **MOHP Strategy 8:** Influence public policy outside health to address principle risk factors that underlie health outcomes and drive health system costs (e.g., housing, economics, environment).

Resource Summary

Core Businesses	Restated Budget 2002/03	2003/04 Revised Estimates	2004/05 Plan	2005/06 Plan
Operating Expense ($000's)				
Services Delivered by Partners				
Regional Health Sector Funding	6,348,689	6,609,004	6,573,790	6,584,561
Medical Services Plan	2,515,599	2,551,892	2,567,006	2,619,400
Pharmacare	701,903	743,414	853,917	973,452
Debt Service Costs	178,790	172,300	177,700	186,000
Amortization of Prepaid Capital Advances	126,500	133,100	140,400	146,800
Sub-total	9,871,481	10,209,710	10,312,813	10,510,213
Services Delivered by Ministry				
Emergency Health Services (Ambulance Services)	187,566	190,540	190,540	190,540
Health Benefit Operations	15,094	13,594	9,854	9,854
Sub-total	202,660	204,134	200,394	200,394
Stewardship and Corporate Management				
Minister's Office	1,042	1,042	1,042	1,042
Program Management and Corporate Services	110,783	89,861	69,826	69,826
Sub-total	111,825	90,903	70,868	70,868
Total	**10,185,966**	**10,504,747**	**10,584,075**	**10,781,475**
Full-time Equivalents (FTEs)				
Services Delivered by Ministry				
Emergency Health Services	1,759	1,806	1,806	1,796
Health Benefits Operations	266	236	216	216
Sub-total	**2,025**	**2,042**	**2,022**	**2,012**
Stewardship and Corporate Management				
Program Management and Corporate Services	580	472	433	433
Minister's Office	11	11	11	11
Sub-total	591	483	444	444
Total	**2,616**	**2,525**	**2,466**	**2,456**

Core Businesses	Budget 2002/03	2003/04 Revised Estimates	2004/05 Plan	2005/06 Plan
Financing Transactions — Capital Expenditures				
Consolidated Capital Plan (CCP) Capital ($000's)				
Project Type				
Ongoing projects	153,800	89,600	82,200	101,000
New Approvals	119,100	112,900	96,300	60,400
Total	**272,900**	**202,500**	**178,500**	**161,400**
Consolidated Revenue Fund (CRF) Capital ($000's)				
CRF Capital Categories				
Building, Tenant Improvement, Land, Land Improvement, Road, Bridges and Ferries	0	0	0	0
Vehicles, Specialized Equipment, Office Furniture and Equipment	10,641	8,243	7,608	7,163
Information systems	9,321	7,788	6,020	6,020
Total	**19,962**	**16,031**	**13,628**	**13,183**
Other Financing Transactions ($000's)				
Receipts — Health Innovation Incentive Program	(1,362)	(2,034)	(2,034)	(2,102)
Program Disbursements — Health Innovation Incentive Program	0	0	0	0
Total	**(1,362)**	**(2,034)**	**(2,034)**	**(2,102)**

Resource Summary

Core Businesses	Restated Budget 2002/03	2003/04 Revised Estimates	2004/05 Plan	2005/06 Plan
Operating Expense ($000's)				
Services Delivered by Partners				
Regional Health Sector Funding	6,348,689	6,609,004	6,573,790	6,584,561
Medical Services Plan	2,515,599	2,551,892	2,567,006	2,619,400
Pharmacare	701,903	743,414	853,917	973,452
Debt Service Costs	178,790	172,300	177,700	186,000
Amortization of Prepaid Capital Advances	126,500	133,100	140,400	146,800
Sub-total	9,871,481	10,209,710	10,312,813	10,510,213
Services Delivered by Ministry				
Emergency Health Services (Ambulance Services)	187,566	190,540	190,540	190,540
Health Benefit Operations	15,094	13,594	9,854	9,854
Sub-total	202,660	204,134	200,394	200,394
Stewardship and Corporate Management				
Minister's Office	1,042	1,042	1,042	1,042
Program Management and Corporate Services	110,783	89,861	69,826	69,826
Sub-total	111,825	90,903	70,868	70,868
Total	**10,185,966**	**10,504,747**	**10,584,075**	**10,781,475**
Full-time Equivalents (FTEs)				
Services Delivered by Ministry				
Emergency Health Services	1,759	1,806	1,806	1,796
Health Benefits Operations	266	236	216	216
Sub-total	**2,025**	**2,042**	**2,022**	**2,012**
Stewardship and Corporate Management				
Program Management and Corporate Services	580	472	433	433
Minister's Office	11	11	11	11
Sub-total	591	483	444	444
Total	**2,616**	**2,525**	**2,466**	**2,456**

Core Businesses	Budget 2002/03	2003/04 Revised Estimates	2004/05 Plan	2005/06 Plan
Financing Transactions — Capital Expenditures				
Consolidated Capital Plan (CCP) Capital ($000's)				
Project Type				
Ongoing projects	153,800	89,600	82,200	101,000
New Approvals	119,100	112,900	96,300	60,400
Total	**272,900**	**202,500**	**178,500**	**161,400**
Consolidated Revenue Fund (CRF) Capital ($000's)				
CRF Capital Categories				
Building, Tenant Improvement, Land, Land Improvement, Road, Bridges and Ferries	0	0	0	0
Vehicles, Specialized Equipment, Office Furniture and Equipment	10,641	8,243	7,608	7,163
Information systems	9,321	7,788	6,020	6,020
Total	**19,962**	**16,031**	**13,628**	**13,183**
Other Financing Transactions ($000's)				
Receipts — Health Innovation Incentive Program	(1,362)	(2,034)	(2,034)	(2,102)
Program Disbursements — Health Innovation Incentive Program	0	0	0	0
Total	**(1,362)**	**(2,034)**	**(2,034)**	**(2,102)**

Summary of Related Planning Processes

Major Capital Projects

Commitments or anticipated commitments for 2003/04 have been made to the following major capital projects:

- Vancouver General Hospital, Redevelopment Project, $156 million
- Prince George Hospital Redevelopment, $50 million
- Fraser Valley Health Centre/Eastern Fraser Valley Cancer Centre, (P3 solicitation process underway)

The objective of these projects is to provide high-quality public health care services that meet patients' needs. The risks associated with these projects include: project delays; changes in market conditions; scope, design and technology changes; building code changes; and cost-sharing agreements with other jurisdictions.

As in 2002/03, the Ministry's three-year capital spending plan includes:

- converting existing facilities to more appropriate uses consistent with new regional priorities and
- implementing the Mental Health Plan (e.g., Tertiary Mental Health Facilities in Kamloops).

Information Resource Management Plan (IRMP)

Since the establishment of the Information Management Group (IMG) in 1996 as the information technology (IT) service provider for health, IMG has offered a full range of services to all program areas. IMG has focused on information management and resource planning, establishing standards, and applying industry-proven methodologies and project management techniques to all systems projects. As a result, IMG is now recognized as a centre of excellence in many areas not only by its peer groups among the B.C. Government ministries but also at inter-jurisdictional levels.

Funded by the Ministry of Health Services, IMG is constantly challenged by the *New Era* commitment to e-health, the increased demand on using technology, and its own decreased funding. To meet these challenges, IMG has had to reexamine its priorities and focus its limited resources on initiatives that can best advance government objectives and ultimately benefit patient care for British Columbians. IMG is making a strategic transformation from a full service organization to one that focuses on planning, partnership building, standards setting, business consulting, information services and e-health for the province. Some of the common IT operational functions such as e-mail, desktop and network infrastructure are now delivered through a shared services model within the government.

Mandate of the Information Management Group

IMG supports the vision and goals of the government and the two health ministries by fulfilling the following mandate: IMG is responsible for providing provincial leadership in the planning and deployment of health information management strategies, policies and standards through collaboration with key stakeholders at the regional, provincial, inter-provincial and national levels. IMG works to promote cost-effective electronic service delivery solutions and electronic information integration across the health sector within a shared services framework.

For the two health ministries, IMG is also responsible for ensuring that effective, quality and value-added products and services are in place to enable the business success of our clients. Main functions include IM/IT planning, standards setting, privacy and security services, business consultation, project management expertise, information services and knowledge management.

Major Initiatives and Projects

Strategic and Tactical IM/IT Planning — Working with the health authorities through the Health CIO Council, the IMG is establishing and implementing a unified IM/IT vision, set of strategies, and collaborative mechanisms to advance e-health objectives. This supports delivery of health care and sustainability of the health system.

Electronic Health Record (EHR) — Lead and coordinate health sector-wide EHR activities for the secure sharing of personal health information to support individual health-care decisions by health care providers. British Columbia's tactical approach will be collaborative and guided by common priorities of the health ministries and the health authorities. It will be based on provincially accepted standards, and its progress will be evolutionary.

Network Harmonization — A foundation piece for e-health, this project will see the health ministries and the six health authorities working together on a number of network issues including access management, firewall and VPN standardization, wireless security, secure messaging, and strong authentication.

Electronic Medical Summary (e-MS) — Sponsored by the Health CIO Council and funded by the Primary Health Care Transition Fund (PHCTF), the project will provide key patient health information to authorized primary care providers to assist with shared care of patients. Main deliverables by the end of March 2006 include a minimum dataset standard for e-MS, an e-MS software application and implementation at pilot health authority sites, a plan for province-wide rollout, and participation in the PHCTF evaluation.

Unique Client Identification — A key building block for EHR, client registry service enables the accurate, consistent, and unique identification of clients. Underlying this approach will be an enterprise master patient index to rationalize multiple identifiers to enable accurate personal health information transfer across regional boundaries.

Provider Registry — A key building block for EHR, the Provider Registry is a standard-based repository of core data on health care providers. Phase one of the project was jointly funded and developed by the four western provinces and Health Canada. The health ministries are seeking a partnership with Canada Health Infoway Inc. to add additional functionalities to the system to allow for deployment in pan-Canadian health care settings through HL7 standards, add additional care providers' data and consumers of the data, and resolve consent mechanism issues.

Health Information Standards — B.C. has been a leader in establishing standards for health information sharing and systems interoperability. Some of the B.C. standards have been adopted by other jurisdictions. Through the British Columbia Health Information Standards Council, the health ministries, health authorities, and other health partners will continue to identify and develop standards needed for e-health for the province, and to address standards deployment issues.

Common Authentication — Health care information requires a higher standard of authentication to ensure protection of privacy. The health ministries, the health authorities, and other publicly funded agencies share a need to electronically deliver information to health care providers. This project will identify critical requirements among the stakeholders, review options, seek industry comments, and offer a solution through public tender that will serve the health sector's needs for strong, multi-factor authentication credentials.

Chronic Disease Management (CDM) — The objectives of CDM are to develop products to support and measure the improvements in care for people with chronic diseases, and to increase access to health information and services through technological innovations. Products already in place are: a provincial web site to distribute B.C. knowledge and experience in CDM, a provincial patient registry for diabetes, and a preliminary patient registry for congestive heart failure. Current and planned initiatives include a secure website to provide physicians with administrative data to help them identify the level of care for their patients, and registries for depression, hypertension, asthma and co-morbidities.

Conclusion

Information Management/Information Technology plays a key role in accessing, processing and disseminating health information to support the day-to-day operation, administration, management and long-term planning of the health system. IM/IT is increasingly seen as a necessary investment and an essential tool for achieving the Government's commitments to e-health, e-government and public accountability. Although the current budget reality poses significant challenges to delivering the much-needed services, IMG will continue to be innovative in meeting those challenges.

Deregulation Plan Summary

Significant efforts to reduce the regulatory burden in the health sector are limited by the need to preserve those regulations which are essential to the protection of public health and safety. Overall, it is projected that the Ministry will achieve a regulatory reduction of 25% by June 2004. While the reduction in 2003 will be modest at about 5%, there is expected to be a further reduction of approximately 20% in 2004.

The Ministry is continuing its review of regulatory requirements in the health sector and intends to reduce them in order to streamline decision-making and improve the delivery of health services. Major regulatory reviews resulting in statutory, regulatory and policy amendments are being completed in the area of the *Community Care and Assisted Living Act*, *Hospital Act*, *Food Safety Act*, *Drinking Water Protection Act*, and the *Medicare Protection Act*. It is anticipated that a proposed updating and consolidation of health services legislation will also result in a significant reduction of regulatory requirements in the health sector.

During 2004/05 and 2005/06 the ministry will continue to adhere to the principles of deregulation in its legislative agenda and in the development of new policy requirements.

Human Resource Management Plan (HRMP)

The Ministries of Health Planning and Health Services recognize that to achieve the strategic objectives detailed in our Service Plans, additional effort and energy must be focused on developing and supporting our employees, our most valuable resource, and continuing to build an enriching, rewarding and flexible organization. We have developed our Human Resources Management Plan to address these issues and act as a guide for all Ministry of Health Planning and Ministry of Health Services employees in planning, undertaking, and evaluating our human resource and organization development activities.

This plan has been developed to both support and build upon the 'Corporate Human Resource Plan for the Public Service of British Columbia' and 'BC Public Service Renewal Project', both of which were introduced this year to address issues facing British Columbia's Public Service.

The ministries have developed four rebuilding themes that will guide us through the delivery of this Human Resources Management Plan: **Building, Connecting, Learning, and Performing**. The goals for each of these themes are as follows:

1. **Building:** A Responsive and Adaptable Workforce
2. **Connecting:** A Culture of Collaboration & Communication
3. **Learning:** A Learning and Knowledge Sharing Organization
4. **Performing:** A Committed and Engaged Workforce that Achieves Results

Building — The Foundation for Success

We must build an organization that welcomes change — using it as an opportunity for innovation, improvement, and the excitement of a good challenge!

Goal 1: A Responsive and Adaptable Workforce

Objective	Strategy	Performance Measures	Performance Targets 03/04	04/05	05/06
1.1 A sustainable workforce in which energies, skills, knowledge and people are valued, and managed wisely.	1.1.1 Continuously develop employees in a strategic and integrated manner.	% of Employees who have a Professional Development Plan and Annual Performance Review.	Baseline TBD*	+X%	+X%
		% of Employees who indicated high satisfaction levels with development opportunities. (Annual Employee Survey).	Baseline TBD*	+X%	+X%
		% of Employees who indicate their skills are fully recognized and utilized. (Annual Employee Survey).	Baseline TBD*	+X%	+X%
		% of Employees who indicate that they are compensated fairly (Annual Employee Survey).	Baseline TBD*	+X%	+X%
	1.1.2 Anticipate and renew essential competencies	% of Succession Plan targets met.	Baseline TBD*	+X%	+X%
	1.1.3 Rebuild the organization	% of Rebuilding Plan targets met.	Baseline TBD*	+X%	+X%

TBD* = To Be Determined
+X% indicates an as yet undetermined increase from the baseline data

Connecting — Collaboration is the Key to Innovation

To deliver on our aggressive strategic agenda we will harness the ingenuity, knowledge, skills, and energy of the entire organization.

Goal 2: A Culture of Collaboration and Communication

Objective	Strategy	Performance Measures	Performance Targets 03/04	04/05	05/06
2.1 A respectful and diverse work environment that enables employees to work together to reach their full potential.	2.1.1 Reinforce good working relationships and teamwork.	% of Employees who indicated that teamwork helped improve decisions. (Annual Employee Survey).	Baseline TBD*	+X%*	+X%*
		% of Stakeholders who indicated high satisfaction in working with Ministries' Employees (Annual Stakeholder Survey).	Baseline TBD*	+X%*	+X%*
	2.1.2 Respect individuals, value diversity, accommodate differences.	% of Employees who indicated that they felt respected by other employees. (Annual Employee Survey).	Baseline TBD*	+X%	+X%
	2.1.3 Encourage open communication within and across all levels and areas of the organization.	% of Employees who indicated that communication is open and encouraged. (Annual Employee Survey).	Baseline TBD*	+X%	+X%
	2.1.4 Create a safe environment that is free of discrimination and harassment.	% of Employees who indicated that the environment is free of discrimination and harassment. (Annual Employee Survey).	Baseline TBD*	+X%	+X%
		Number of Incidents related to Discrimination/ Harassment.	Baseline TBD*	-X%	-X%

TBD* = To Be Determined
+-X% indicates an as yet undetermined increase/decrease from the baseline data

Learning — The Key to Ongoing Success

Through continual learning, our organization will be a model from which other organizations can learn. It is our responsibility to ensure that learning opportunities are available to our employees, and that they have the opportunities and support to apply and integrate new skills and knowledge in the workplace.

Goal 3: A Learning and Knowledge Sharing Organization

Objective	Strategy	Performance Measures	Performance Targets		
			03/04	04/05	05/06
3.1 Expanding knowledge base fully shared.	3.1.1 Create a professional development plan for each employee, aligned with the Ministries' goals and priorities, signed off by management, and reviewed and updated annually.	% of Employees who have a Professional Development Plan.	Baseline TBD*	+ X%	+ X%
		% of Professional Development Plan Actions Completed on Time.	Baseline TBD*	+ X%	+ X%
		% of Employees who indicate alignment between Ministries' goals and their contribution to these goals. (Annual Employee Survey).	Baseline TBD*	+ X%	+ X%
	3.1.2 Provide the tools to ensure the free flow of organizational knowledge.	% of Employees who indicate they are able to access information/ knowledge both from hard sources and from colleagues. (Annual Employee Survey).	Baseline TBD*	+ X%	+ X%

TBD* = To Be Determined
+ X% indicates an as yet undetermined increase from the baseline data

Performing — The Outcome of a Strong Organization

Performing

This goal is built on the philosophy that strong individual and organizational performance is achievable if our employees are provided with the direction, support, encouragement, and working environment that allows them to reach their potential.

Goal 4: A Committed and Engaged Workforce that Achieves Results

Objective	Strategy	Performance Measures	Performance Targets 03/04	04/05	05/06
4.1 A workforce that delivers services in a cost-effective manner, strives for continuous improvement, and focuses on results.	4.1.1 Employees participate in the development of the annual Service Plan.	% of Divisions with Integrated Service Plans and HR Plans.	30%	80%	100%
	4.1.2 Organizational performance is reported, course correction is taken where required, and success is celebrated.	% of Service Plan Targets Achieved.	TBD*	TBD*	TBD*
		% of Employees aware of progress on Service Plan targets. (Annual Employee Survey).	TBD*	TBD*	TBD*
		% of Employees that indicated comprehension of vision, mission, and goals of the organization and their role in assisting in achieving these goals. (Annual Employee Survey)	TBD*	TBD*	TBD*
	4.1.3 Individual performance is recognized, course correction is taken where required, and success is celebrated.	% of Employees who have had a formal, annual performance review. (Annual Employee Survey).	Baseline TBD*	+X%*	+X%*

TBD* = To Be Determined
+X% indicates an as yet undetermined increase from the baseline data

Appendix A: Comparison of Strategies in 2002/03 – 2004/05 and 2003/04 – 2005/06 Service Plans

Core Business	2002/03-2004/05 Service Plan Strategies	2003/04-2005/06 Service Plan Strategies
Services Delivered by Partners		
	Goal 1 – Strategy 7: Reallocate resources and develop policy to support innovative community, home care and palliative care services as alternatives to institutional care.	**Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options:** Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community.
		Priority Strategy 2: Post-Acute (hospital care) Alternatives: Provide appropriate community health support to enable timely discharge of patients from hospital once the need for acute medical care has ended.
		Priority Strategy 3: Effective Management of Acute Care Services in Hospitals: Plan for and manage the demand on emergency health services and surgical and procedural services.
	Goal 1 – Strategy 8: Provide 5,000 new home and community care placements	**Priority Strategy 4: Alternatives to Institutional Care:** Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, reserving residential institutions for patients with the most complex care needs.

Services Delivered by Partners continued...	**Goal 1 – Strategy 13:** Implement an integrated health information system to facilitate better patient care across program	**Priority Strategy 5: Build the Foundation for Integrated Care Networks:** **a.** Connect physicians and other health care professionals to diagnostic services, to hospitals, and to each other.
	Goal 3 – Strategy 5: Implement an information technology plan that incorporates shared, standardized business systems across region	
	Goal 1 – Strategy 5: Modernize mental health care through the implementation of the Mental Health Plan	**Priority Strategy 5: Build the Foundation for Integrated Care Networks:** **b.** Provide a continuum of services in each health authority for mental health patients that better integrates primary, secondary, community and tertiary mental health care and is integrated with the larger care networks.
	Goal 2 – Strategy 4: Support initiatives to improve the health status of people with mental illnesses	
	Goal 1 – Strategy 6: Implement an annual mental health services report card	
	—	**Priority Strategy 6: Better Care for People with Extensive Care Needs:** Provide integrated care and targeted services for patients who have extensive health care needs to more effectively manage their contact with healthcare services.
	Goal 1 – Strategy 4: Introduce strategies to improve the care of people with chronic health conditions	**Priority Strategy 7: Better Care for People with Chronic Conditions:** Increase the emphasis on the effective management of chronic diseases (e.g., diabetes) to prevent or slow disease progression.
	Goal 2 – Strategy 1: Deliver effective strategies to prevent or delay onset of selected illnesses and injuries	
	—	**Priority Strategy 8: Better Care for the Dying:** Expand palliative care services to provide dying people with greater choice and access to services to ease the passage of death.

Services Delivered by Partners continued...	**Goal 2 – Strategy 5:** Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care	**Priority Strategy 9: Improve the Health Status of Aboriginal Peoples:** Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.
	Goal 2 – Strategy 2: Promote behaviors that decrease people's risk of preventable illness	**Priority Strategy 10: Enhancing Self-care and Self-Management:** Support individuals' self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.
	Goal 1 – Strategy 14: Increase access to information to help patients and their families understand and manage their health through the self-care project, the NurseLine and other patient self-care approaches	
	Goal 3 – Strategy 1: Reduce the incidence of preventable conditions through targeted prevention programs based on a business case	**Priority Strategy 11: Protection from Disease or Injury:** Protect public health by implementing core public health prevention and protection programs (e.g., food and water safety programs, immunization programs, falls).
	Goal 1 – Strategy 3: Introduce strategies to improve access to basic health services (primary care — repeated under services by ministry)	**Priority Strategy 12: Service Quality Enhancement for Rural and Smaller Communities:** Consolidate services where necessary to ensure there is a critical mass of expertise to deliver services safely, cost-effectively and at a high quality.
	—	**Priority Strategy 13: Managing within Budget Allocation:** Manage the delivery of services within budget.

Services Delivered by Ministry		
	Goal 3 – Strategy 10: Review the provision of ambulance services	**Priority Strategy 14: Better Integrate the BC Ambulance Service within the Overall Health Services System:** Review the ambulance service to ensure it is governed, managed and delivered by the most appropriate means and most appropriate providers to meet the needs of British Columbians.
	—	**Priority Strategy 15: Improve Registration Services to the Public:** Review the MSP and Pharmacare registration criteria and processes to ensure they provide appropriate and timely services to British Columbians and are managed and delivered by the most appropriate and efficient means.

Stewardship & Corporate Management		
Stewardship	**Goal 1 – Strategy 1:** Work with health authorities and providers to implement and audit health service standards	**MOHS Strategy 1:** Translate government's direction into measurable expectations that will guide operational management and delivery of health services, while allowing partners the flexibility to operate services to meet those expectations.
	—	**MOHS Strategy 2:** Align health care funding with BC's strategic priorities, while ensuring health care commitments made with other governments are met.
	Goal 3 – Strategy 2: Introduce more modern and cost-effective strategies for patient care to reduce complications and unnecessary health services	**MOHS Strategy 3:** Facilitate the delivery of health services by partners through the development and use of best practice guidelines and protocols.
	—	**MOHS Strategy 4:** Make data accessible, with due attention to quality, security and privacy protection, to support improved planning of patient care and clinical decision making by partners (e.g., Electronic Health Record; CDM registries; inter-provincial/national data collection standards and registries).
	—	**MOHS Strategy 5:** Eliminate conflicting or unnecessary policies and regulations in policy manuals to ensure policy direction is clear and consistent.
	—	**MOHS Strategy 6:** Align incentives to facilitate the achievement of expectations (e.g., incentives to retain and recruit rural/ remote physicians).
	—	**MOHS Strategy 7:** Ensure contract negotiations support strategic priorities and do not serve as a barrier to change.

Stewardship (continued)	**Goal 3 – Strategy 8:** Implement a definitive accountability strategy that includes: clear expectations for performance, performance contracts for health authorities, routine reporting and monitoring, comprehensive assessment using agreed upon performance indicators and opportunities for support and assistance for performance improvement.	**MOHS Strategy 8:** Develop an effective monitoring and evaluation framework for services provided by health authorities and other system partners (e.g., health professions).
	Goal 3 – Strategy 13: Manage within the three-year funding target	**MOHS Strategy 9:** Monitor financial status to ensure overall health system costs stay within budget.
	—	**MOHS Strategy 10:** Improve the quality and timeliness of reporting by the health authorities.
	Goal 3 – Strategy 9: With the Ministry of Health Planning, develop and implement efficiency mechanisms for the Medical Services Plan, Pharmacare, laboratory services, ambulance and regional programs.	**MOHS Strategy 11:** Undertake value for money reviews of the following: A review of scopes of practice; a review of laboratory services; a review of the Medical Services Commission; and streamlining and improving business practices in Pharmacare.
Corporate Management	—	**MOHS Strategy 12:** Implement Human Resource Management Plan for the Ministries of Health. (see Section F in this service plan)
	—	**MOHS Strategy 13:** Embed sound business practices and a business management culture within the Ministries of Health.

Completed 02/03 Service Plan Strategies

Goal 1	**Strategy 2:** Rationalize and redesign hospital care	Implemented
Goal 1	**Strategy 9:** Commence implementation of a population needs-based funding formula to allocate resources to Health Authorities	Implemented
Goal 1	**Strategy 10:** Establish the Provincial Health Services Authority to reduce variability in access to specialized services across patient groups and place of residence	Implemented
Goal 1	**Strategy 11:** Work with Ministry of Health Planning to implement the rural and remote health initiative	Underway
Goal 1	**Strategy 12:** Expand the number of hospitals utilizing the PharmaNet system and B.C. Bedline	Implemented
Goal 2	**Strategy 3:** Ensure compliance with and enforcement of health regulations that protect the health of the public	Ongoing operational
Goal 3	**Strategy 3:** Restructure user fees for selected non-Canada Health Act services to reflect ability-to-pay	Implemented
Goal 3	**Strategy 4:** Implement a framework for increased private sector involvement in capital financing, in the delivery of health services, and in the development and implementation of necessary information technology systems	Moved to MOHP plan
Goal 3	**Strategy 6:** Restructure the regional health services delivery system	Implemented
Goal 3	**Strategy 7:** Reorganize the Ministry of Health Services to better support the health system	Implemented
Goal 3	**Strategy 11:** Work with the health authorities and professional associations to implement strategies to support effective and appropriate use of the health care workforce	Moved to MOHP plan
Goal 3	**Strategy 12:** Establish a Leadership Council of health authority CEOs and senior government officials, to provide overall guidance and leadership to the health system	Implemented

Appendix B: Comparison of Performance Measures in 2002/03–2004/05 and 2003/04–2005/06 Service Plans

(Performance measures for the Ministers of State are **bolded**)

Core Business	2002/03-2004/05 Service Plan Performance Measures	2003/04-2005/06 Service Plan Performance Measures
Services Delivered by Partners	**Goal 1 – Performance Measure #2d:** Acute Care indicator: Rates of admission for conditions that could be managed outside hospital (conditions classified as "may not require hospitalization").	**PS–PM #1:** Rates of admission for conditions that could be managed outside hospital (conditions classified as "may not require hospitalization").
	Goal 1 – Performance Measure #10: 24 by 7 access to basic health services (primary care) measured by NurseLine use.	**PS–PM #2:** NurseLine use rates.
	Goal 1 – Performance Measure #3b: HCC indicator: Alternative level of care days as a percentage of total inpatient days.	**PS–PM #3: Percentage of days spent by patients in hospitals after the need for hospital care ended measured by alternative level of care days (ALC days) as a percentage of total hospital inpatient days.**
	Goal 1 – Performance Measure #3a: HCC indicator: Percentage of home and community care clients with high care needs living in their own home.	**PS–PM #4: Percentage of clients with high care needs living in their own home rather than in a facility.**
	Goal 1 – Performance Measure #6: Waiting times for key services: Radiotherapy and Chemotherapy.	**PS–PM #5:** Waiting times for key services: Radiotherapy and Chemotherapy.
	—	**PS–PM #6:** Emergency Room Use performance measure TBD.

Services Delivered by Partners continued...	**Goal 1 – Performance Measure #2b:** Acute Care indicator: 5-year survival rates for lung, prostate, breast, colorectal cancer; relative survival rates for heart attack (365 days after admission to hospital) and stroke (180 days after admission).	Reported in the B.C. Performance Indicators Reporting Committee (PIRC) Report.
	Goal 1 – Performance Measure #2c: Acute Care indicator: Hospital re-admission rates for heart attack, congestive heart failure, pneumonia, and gastrointestinal hemorrhage.	Reported in PIRC Report and the Canadian Institute for Health Information (CIHI) Report.
	Goal 1 – Performance Measure #2a: Acute Care indicator: 30-day in-patient mortality (death rates) for acute myocardial infarction (heart attack) and stroke.	Will be reported in PIRC Report in 2-3 years when data becomes available.
	Goal 1 – Performance Measure #4a: Mental Health Indicator: Improved continuity of care measured by the proportion of persons hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge.	**PS–PM #7: Improved continuity of care measured by the proportion of persons (aged 15 to 64) hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge.**
	Goal 1 – Performance Measure #4bi: Mental Health Indicator: Improved availability of community services measured by: Percentage of days spent by mental health patients in hospitals after the need for hospital care ended.	**PS–PM #8:** Improved availability of community services measured by: Percentage of days spent by mental health patients (aged 15 to 64) in hospitals after the need for hospital care ended.
	Goal 1 – Performance Measure #4bii: Mental Health Indicator: Percentage of mental health clients receiving services in their own region.	**PS–PM #9: Proportion of mental health services (community, physician and acute care) received by mental health clients (aged 15 to 64) that are obtained in their own health authority.**

Services Delivered by Partners continued...	**Goal 1 – Performance Measure #4biii: Mental Health Indicator: Proportion of mental health clients accessing community services.**	This measure is redundant with Performance Measure 7 and Performance Measure 9 and therefore will be captured under those measures.
	Goal 3 – Performance Measure #3: Mental health services funding (including capital) per capita.	Performance measure not carried forward because it was not an output or outcome measure and is not necessarily indicative of improved mental health services.
	—	**PS–PM #10:** Performance measure for the highest needs population (the sickest) TBD.
	Goal 3 – Performance Measure #1: Cross program patient costs (e.g., diabetes).	Performance measure not carried forward because it was not an output or outcome measure and is not necessarily indicative of improved health services.
	Goal 1 – Performance Measure #1: Rates of compliance with selected protocols and standards (e.g., number of times per year patients received blood glucose testing for diabetes).	**PS–PM #11:** Adherence to clinical best practices for managing chronic diseases measured by use of evidence based quality benchmarks. (For 03/04 will report on diabetes; other major chronic conditions to be added in subsequent years).
	—	**PS–PM #12:** Appropriate prescribing of and compliance with drugs for one or more chronic conditions where drug therapy is key (e.g., asthma).
	—	**PS–PM #13:** Palliative care performance measure TBD.
	Goal 2 – Performance Measure #7: Improved health status for Aboriginal peoples measured by infant mortality and life expectancy.	**PS–PM #14:** Improved health status for Aboriginal peoples measured by infant mortality and life expectancy.
	Goal 1 – Performance Measure #1: Rates of compliance with selected protocols and standards (e.g., number of times per year patients received blood glucose testing for diabetes).	**PS–PM #15:** Patient use of self-management techniques measured by use of evidence based quality benchmarks. For 03/04 will report on % of patients with diabetes receiving at least 2 blood glucose (HbA1c) tests during the year.
	Goal 2 – Performance Measure #3: Immunization rates: a) 2 year olds with up-to-date immunizations. b) b) Influenza vaccination, population age 65 and over.	**PS–PM #16:** Immunization rates. a) 2 year olds with up-to-date immunizations. b) Influenza vaccination, population age 65 and over.

Services Delivered by Partners continued...	**Goal 1 – Performance Measure #8:** Administrative and support services expenditures as a percentage of total expenditures, by health authority.	**PS–PM #17:** Administrative and support services expenditures by health authorities.
	Goal 3 – Performance Measure #2: Regional financial status (health authorities in a balanced budget position at year-end).	**PS–PM #18:** Health authorities in a balanced budget position over the two-year period 2003/03 – 2003/04 and then are balanced in each subsequent fiscal year. (This PM is repeated under Stewardship).
	Goal 2 – Performance Measure #1: Incidence of selected communicable diseases (acute hepatitis B; cryptosporidiosis; E. coli 0157).	Reported in PIRC Report and Provincial Health Officer's (PHO) Report.
	Goal 2 – Performance Measure #2: Potential Years of Life Lost (PYLL) due to cancer, cardiovascular disease and injuries.	Reported in PHO and Vital Statistics annual reports and related data in PIRC and CIHI Health Indictors Reports.
	Goal 2 – Performance Measure #4: Utilization of screening programs for at risk groups (screening mammography).	Reported in PHO Report and related data reported in Statistics Canada Health Indicators Report.
	Goal 2 – Performance Measure #5: Smoking rates (measured every 2 years).	Reported in Statistics Canada Health Indicators Report and related data reported in PHO and PIRC Reports.
	Goal 2 – Performance Measure #6a: Rates of healthy behaviors and conditions: a) Percentage of population age 12 and older physically active enough to attain health benefits (measured every 2 years).	Reported in Statistics Canada Health Indicators Report and related data reported in PHO and PIRC Reports.
	Goal 2 – Performance Measure #6b: Rates of healthy behaviors and conditions: b) Percentage of adults with a healthy body weight (measured every 2 years).	Reported in Statistics Canada Health Indicators Report and related data reported in PHO and PIRC Reports.
	Goal 1 – Performance Measure #7: Regional variation in access to selected services.	Reported in CIHI Health Indicators Report.

Services Delivered by Partners continued...	**Goal 1 – Performance Measure #5:** Appropriate use of blood products for clinical purposes measured by utilization of Intravenous/Immune Globulin Blood Products.	Data monitored by Canadian Blood Services.
Services Delivered by Ministry	—	**PS–PM #19:** Ambulance service response rates.
	Moved from MOHP Plan.	**PS–PM #20:** Percentage of the population adequately insured for eligible prescription drug costs.
	—	**PS–PM #21:** Turnaround times for MSP/ Pharmacare (beneficiary) services to the public.
Stewardship & Corporate Management (Stewardship)	—	**MOHS–PM #1:** Partners' ratings of clarity and timeliness of direction and usefulness in guiding service delivery.
	—	**MOHS–PM #2:** Commitments articulated in the 2003 Accord met.
	—	**MOHS–PM #3:** Strategic clinical practice guidelines in priority areas developed and implemented.
	—	**MOHS–PM #4:** Clients' and partners' ratings of data availability and usefulness in supporting planning and service delivery.
	—	**MOHS–PM #5:** Percentage of regulatory requirements reduced.
	—	**MOHS–PM #6:** Number of policies eliminated from policy manuals.
	—	**MOHS–PM #7:** HA compliance with the performance agreement.
	Goal 3 – Performance Measure #2: Regional financial status (health authorities in a balanced budget position at year-end)	**MOHS–PM #8:** Health authorities are in a balanced budget position over the two year period 2003/03–2003/04 and then are balanced in each subsequent fiscal year.
	—	**MOHS–PM #9:** Overall health system financial status (actual expenditures compared to budgeted expenditures at year end).

Stewardship & Corporate Management (Stewardship) continued...	—	**MOHS – PM #10:** Pharmacare programs and policies reviewed for congruence with quality patient outcomes, program sustainability and transparency.
	Goal 1 – Performance Measure #9: Public satisfaction rates	Moved to MOHP Service Plan — see MOHP Performance Measure #11.
Stewardship & Corporate Management (Corporate Management)	—	**MOHS – PM #11:** Percentage of employees who indicated comprehension of vision, mission, and goals of the organization, and their role in assisting in achieving these goals. (Annual Employee Survey).
	—	**MOHS – PM #12:** Percent of divisions with integrated service (business) plans and HR plans.

Appendix C: Link Between Health System Goals and Core Business Objectives

Goal 1: High Quality Patient-Centered Care Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.	
03/04 Service Plan Core Business	**03/04 Service Plan Objective**
Services Delivered by Partners	**Objective 1:** Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/ community care.
Services Delivered by Partners	**Objective 2:** Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.
Services Delivered by Ministry	**Objective 5:** Provide clients with equitable and timely access to health care services directly delivered by the ministry.
Stewardship and Corporate Management (Stewardship)	**Objective 1 – Direction:** Government's strategic direction is clearly defined and communicated and guides service delivery.
Stewardship and Corporate Management (Stewardship)	**Objective 2 – Support:** Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.
Stewardship and Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation and Course Correction:** Delivered services meet public needs and are sustainable.
Goal 2: Improved Health and Wellness for British Columbians Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.	
03/04 Service Plan Core Business	**03/04 Service Plan Objective**
Services Delivered by Partners	**Objective 3:** Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.
Stewardship and Corporate Management (Stewardship)	**Objective 1 – Direction:** Government's strategic direction is clearly defined and communicated and guides service delivery.
Stewardship and Corporate Management (Stewardship)	**Objective 2 – Support:** Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.
Stewardship and Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation and Course Correction:** Delivered services meet public needs and are sustainable.

Appendix C: Link Between Health System Goals and Core Business Objectives

Goal 1: High Quality Patient-Centered Care Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.	
03/04 Service Plan Core Business	**03/04 Service Plan Objective**
Services Delivered by Partners	**Objective 1:** Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/ community care.
Services Delivered by Partners	**Objective 2:** Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.
Services Delivered by Ministry	**Objective 5:** Provide clients with equitable and timely access to health care services directly delivered by the ministry.
Stewardship and Corporate Management (Stewardship)	**Objective 1 – Direction:** Government's strategic direction is clearly defined and communicated and guides service delivery.
Stewardship and Corporate Management (Stewardship)	**Objective 2 – Support:** Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.
Stewardship and Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation and Course Correction**: Delivered services meet public needs and are sustainable.
Goal 2: Improved Health and Wellness for British Columbians Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.	
03/04 Service Plan Core Business	**03/04 Service Plan Objective**
Services Delivered by Partners	**Objective 3:** Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.
Stewardship and Corporate Management (Stewardship)	**Objective 1 – Direction:** Government's strategic direction is clearly defined and communicated and guides service delivery.
Stewardship and Corporate Management (Stewardship)	**Objective 2 – Support:** Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.
Stewardship and Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation and Course Correction:** Delivered services meet public needs and are sustainable.

Goal 3: A Sustainable, Affordable Public Health System A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.	
03/04 Service Plan Core Business	**03/04 Service Plan Objective**
Services Delivered by Partners	**Objective 4:** Manage within the available budget while meeting the priority needs of the population.
Services Delivered by Ministry	**Objective 5:** Provide clients with equitable and timely access to health care services directly delivered by the ministry.
Stewardship andCorporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation and Course Correction:** Delivered services meet public needs and are sustainable.
Stewardship and Corporate Management (Corporate Management)	**Objective 1:** Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.
Stewardship and Corporate Management (Corporate Management)	**Objective 2:** Sound management practices in place.

LEGISLATIVE LIBRARY
VICTORIA
MAY 14 2003